TOWN OR CITY OF Lever is the

Massachusetts Department of Public Health

Division of Food and Drugs					
FOOD ESTABLISHMENT INSPECTION REPORT	Deta	Type of Operation(s)	Tuno of Ingression		
Buylly, Jehal	Data /3/16	Food Service	Type of Inspection Routine		
Address /4- /	Rlsk	Retail Residentlal Kitchen	Re-Inspection		
Telephone 574-7709	Level	Mobile	Previous Inspection Date:		
Owner / / AF	HACCP Y/N	Temporary Caterer	☐ Pre-operation☐ Suspect Illness		
Person In Charge (PIC)	Time	Bed & Breakfast	General Complaint		
Inspector March Soull	ln: Out:	Permit No.	HACCP Other		
Each violation checked requires an explanation on the violated.			Non-compliance with:		
Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and reaction as determined by the Board of Health.	equire Immediat	te corrective Tobac	thoking 590.009 (E) 590.009 (F) 590.009 (G)		
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties EMPLOYEE HEALTH	13. Hand	ention of Contamination from	m Hands		
☐ 2. Reporting of Diseases by Food Employee and PIC		FROM CHEMICALS	_		
3. Personnel with Infections Restricted/Excluded		oved Food or Color Additive	S		
FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source	☐ 15. Toxic	: Cnemicals RATURE CONTROLS (Potentia	lly Hazardous Foods)		
☐ 5. Receiving/Condition ☐ 16. Cooking Temperatures					
☐ 6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehe	ating			
7. Conformance with Approved Procedures/HACCP Plans	🔲 18. Cooli	18. Cooling			
PROTECTION FROM CONTAMINATION	☐ 19. Hot a	nd Cold Holding			
8. Separation/Segregation/Protection	20. Time As a Public Health Control				
9. Food Contact Surfaces Cleaning and Sanitizing		TS FOR HIGHLY SUSCEPTIBL and Food Preparation for H			
☐ 10. Proper Adequate Handwashing	□ 21. F00u	and rood Freparadon for n	37		
☐ 11. Good Hygienic Practices	CONSUMER A 22. Postii	DVISORY ng of Consumer Advisories			
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health. 23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009) 30. Other	To Foodboand Risk F Official Ore today, the it 590.000/Fec by a Board order of the cited in this the food est establishme have a right and submitt within 10 da	f Violated Provisions Reprine Illinesses Interventifactors (Red Items 1-22) der for Correction: Base tems checked Indicate violated Food Code. This reprof Health member or its a Board of Health. Fallure is report may result in suspent operations. If aggrieve to a hearing. Your requested to the Board of Health ays of receipt of this order E-INSPECTION:	ons ed on an Inspection plations of 105 CMR fort, when signed below rigent constitutes an to correct violations pension or revocation of essation of food ed by this order, you st must be in writing at the above address		
Inspector's Signature: Print:					
PIC's Signature: MALIAO, fulmacaí Print:	Tanico	Palmacci	Page_of_Pages		

Massachusetts Department of Public Health Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT						
Name /5 4/	Date /	Type of Operation(s)	Type of Inspection			
Address III - III	Risk	Food Service Retail	Re-inspection			
Telephone	Level	Residential Kitchen	Previous Inspection			
Owner	HACCP Y/N	Temporary	Date: Pre-operation			
Person in Charge (PIC)	Time	Caterer Bed & Breakfast	Suspect Illness General Complaint			
Inspector	in:		HACCP			
1 340/16 385. 10/1	Out:	Permit No.	Other			
Each violation checked requires an explanation on the violated.	narrative pag	je(s) and a citation of	Specific provision(s			
Violations Related to Foodborne Illness Interventions and	Risk Factors	(Red Items) Anti-C	hoking 590.009 (E)			
Violations marked may pose an imminent health hazard and re action as determined by the Board of Health.	quire immediat		590.009 (F) en Awareness 590.009 (G)			
FOOD PROTECTION MANAGEMENT	☐ 12. Preve	ention of Contamination fror	n Hands			
1. PIC Assigned / Knowledgeable / Duties EMPLOYEE HEALTH	☐ 13. Hand	lwash Facilities				
Reporting of Diseases by Food Employee and PiC	PROTECTION	FROM CHEMICALS				
Reporting of Diseases by Food Employee and Fig. Restricted/Excluded	☐ 14. Appro	oved Food or Color Additives	\$			
FOOD FROM APPROVED SOURCE	☐ 15. Toxic	: Chemicals				
☐ 4. Food and Water from Approved Source	TIME/TEMPER	TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)				
☐ 5. Receiving/Condition	☐ 16. Cook	ing Temperatures				
☐ 6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Reheal	☐ 17. Reheating				
☐ 7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Cooli	ng				
PROTECTION FROM CONTAMINATION	☐ 19. Hot a	nd Cold Holding				
8. Separation/Segregation/Protection	☐ 20. Time	As a Public Heal t h Control				
☐ 9. Food Contact Surfaces Cleaning and Sanitizing		TS FOR HIGHLY SUSCEPTIBLE				
☐ 10. Proper Adequate Handwashing	☐ 21. Food and Food Preparation for HSP					
☐ 11. Good Hygienic Practices	CONSUMER A 22. Postir	DVISORY ng of Consumer Advisories				
Violations Related to Good Retall Practices (Blue	Number of	Violated Provisions Re	lated			
tems) Critical (C) violations marked must be corrected		rne Illnesses Intervention				
immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected		and Risk Factors (Red Items 1-22): Official Order for Correction: Based on an Inspection today, the Items checked Indicate violations of 105 CMR				
immediately or within 90 days as determined by the Board						
of Health.	590.000/Fed	lerai Food Code. This rep	ort, when signed below			
23. Management and Personnel (FC-2)(590,003)		of Health member or its a Board of Health. Failure t				
24. Food and Food Protection (FC-3)(590.004)		report may result in susp				
25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006)		tabilshment permit and ce				
27. Physical Facility (FC-6)(590.007)		ent operations. If aggrieve to a hearing. Your reques				
28. Poisonous or Toxic Materials (FC-7)(590,008)	and submitt	ed to the Board of Health	at the above address			
29. Special Requirements (590,009)		iys of receipt of this order <u>E-INSPECTION</u> :	•			
Inspector's Signature: Print:						
- I'ME / A.M.	100100	falmacci	Page_of_Pages			

THE COMMONWEALTH OF MASSACHUSETTS

Date	Type of Operation(s)	Type of Inspection
Risk	Food Service	Routine Re-inspection
Level	Residential Kitchen	Previous Inspection
HACCE VIN	Temporary	Date: Pre-operation
	1	Suspect Illness General Complaint
in:		HACCP
e narrative pag	(Red Items) Anti-C	Non-compliance with: hoking 590.009 (E)
☐ 13. Hand PROTECTION ☐ 14. Appro ☐ 15. Toxic TIME/TEMPER ☐ 16. Cook ☐ 17. Rehe: ☐ 18. Cooli ☐ 19. Hot a ☐ 20. Time. REQUIREMEN ☐ 21. Food	wash Facilities FROM CHEMICALS oved Food or Color Additives Chemicals CATURE CONTROLS (Potential ing Temperatures ating ng nd Cold Holding As a Public Health Control TS FOR HIGHLY SUSCEPTIBL and Food Preparation for His	S Ily Hazardous Foods) E POPULATIONS (HSP)
Number of Violated Provisions Related To Foodborne Illinesses Interventions and Risk Factors (Red Items 1-22): Official Order for Correction: Based on an inspection today, the Items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed belo by a Board of Health member or its agent constitutes an order of the Board of Health. Fallure to correct violations cited in this report may result in suspension or revocation the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order. DATE OF RE-INSPECTION:		
	RISK Level HACCP Y/N Time In: Out: e narrative page A RISK Factors require immediate 12. Preve 13. Hand PROTECTION 14. Appre 15. Toxic TIME/TEMPER 16. Cook 17. Rehe 18. Cooli 19. Hot a 20. Time REQUIREMEN 21. Food CONSUMER A 22. Postir Number of To Foodbo and Risk F Official Ore today, the it 590.000/Fed by a Board order of the cited in this the food est establishme have a right and submitt	RISK Level Retail Residential Kitchen Mobile Temporary Caterer Bed & Breakfast In: Out: Permit No. e narrative page(s) and a cltation of require immediate corrective Tobaca Allerge 12. Prevention of Contamination from 13. Handwash Facilities PROTECTION FROM CHEMICALS 14. Approved Food or Color Additives 15. Toxic Chemicals TIME/TEMPERATURE CONTROLS (Potential 16. Cooking Temperatures) 17. Reheating 18. Cooling 19. Hot and Cold Holding 19. Hot and Cold Holding 20. Time As a Public Health Control REQUIREMENTS FOR HIGHLY SUSCEPTIBL 21. Food and Food Preparation for H CONSUMER ADVISORY 22. Posting of Consumer Advisories Number of Violated Provisions Reto To Foodborne Illinesses Interventiand Risk Factors (Red Items 1-22) Official Order for Correction: Base today, the Items checked indicate victors of the Board of Health. Fallure cited in this report may result in sus; the food establishment operations. If aggrieve have a right to a hearing. Your reques and submitted to the Board of Health

FORM 734A A.M. SULKIN CO. CHARLESTOWN, MA

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OR CITY OF LOWINSTON

e of Operation(s) Food Service	Type of Inspection		
Retali	Re-inspection		
Residential Kitchen Mobile	Previous Inspection Date:		
Temporary Caterer	Pre-operation		
Bed & Breakfast	Suspect Illness General Complaint		
mit No.	HACCP Other		
and a citation o	of specific provision(s) Non-compliance with:		
rrective Toba	Choking 590.009 (E)		
n of Contamination fro	om Hands		
Facilities			
PROTECTION FROM CHEMICALS 14. Approved Food or Color Additives			
□ 16. Cooking Temperatures Fridge 40°F ✓			
old Holding			
Public Health Control			
REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP) 21. Food and Food Preparation for HSP			
ood Preparation for i	4.4		
ORY Consumer Advisories	All brought fro		
lated Provisions R Illnesses Interventurs (Red Items 1-22	tions / /		
checked Indicate vi Food Code. This re	iolations of 105 CMR port, when signed below		
ord of Health. Failure ort may result in sus shment permit and o perations. If aggrlev hearing. Your reque to the Board of Healt	ved by this order, you est must be in writing th at the above address		
	ort may result in su shment permit and perations. If aggrie hearing. Your requ		

Inspector's Signature: Warland Bowy	Print: Marcoh Bana M71	
PIC's Signature: Junice Palmacci	Print: Anice Polmacci	Page_of_Pages

THE COMMONWEALTH OF MASSACHUSETTS

TOWN	OR	CITY	OF	Leon iste

Massachusetts Department of Public Health

Division of Food and Drugs FOOD ESTABLISHMENT INSPECTION REPORT Type of Operation(s) Date Type of Inspection Name Food Service Routine Retail Re-inspection Address Risk Residential Kitchen Previous Inspection Level Teiephone Mobile Date: Temporary Pre-operation HACCP Y/N Owner Caterer Suspect Illness ■ Bed & Breakfast General Complaint Person in Charge (PIC) Time **HACCP** In: Inspector Permit No. Other_ Out: Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated. Non-compliance with: Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items) 590.009 (E) **Anti-Choking** Violations marked may pose an Imminent health hazard and require immediate corrective Tobacco 590.009 (F) Allergen Awareness 590.009 (G) action as determined by the Board of Health. FOOD PROTECTION MANAGEMENT ☐ 12. Prevention of Contamination from Hands ☐ 1. PIC Assigned / Knowledgeable / Duties ☐ 13. Handwash Facilities **EMPLOYEE HEALTH** PROTECTION FROM CHEMICALS 2. Reporting of Diseases by Food Employee and PIC ☐ 14. Approved Food or Color Additives 3. Personnel with Infections Restricted/Excluded ☐ 15. Toxic Chemicals FOOD FROM APPROVED SOURCE TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods) ☐ 4. Food and Water from Approved Source ☐ 16. Cooking Temperatures 5. Receiving/Condition ☐ 17. Reheating ☐ 6. Tags/Records/Accuracy of Ingredient Statements 18. Cooling 7. Conformance with Approved Procedures/HACCP Plans 19. Hot and Cold Holding PROTECTION FROM CONTAMINATION 20. Time As a Public Health Control 8. Separation/Segregation/Protection REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP) 9. Food Contact Surfaces Cleaning and Sanitizing ☐ 21. Food and Food Preparation for HSP ■ 10. Proper Adequate Handwashing **CONSUMER ADVISORY** ☐ 11. Good Hygienic Practices 22. Posting of Consumer Advisories Violations Related to Good Retail Practices (Blue Number of Violated Provisions Related Items) Critical (C) violations marked must be corrected To Foodborne Illnesses Interventions Immediately or within 10 days as determined by the Board and Risk Factors (Red Items 1-22): of Health. Non-critical (N) violations must be corrected Official Order for Correction: Based on an inspection Immediately or within 90 days as determined by the Board today, the items checked Indicate violations of 105 CMR of Health. 590.000/Federal Food Code. This report, when signed below CN by a Board of Health member or its agent constitutes an 23. Management and Personnel (FC-2)(590.003) order of the Board of Health. Failure to correct violations 24. Food and Food Protection (FC-3)(590.004) cited in this report may result in suspension or revocation of 25. Equipment and Utenslis (FC-4)(590.005) the food establishment permit and cessation of food 26. Water, Plumbing and Waste (FC-5)(590,006) establishment operations. If aggrieved by this order, you 27. Physical Facility (FC-6)(590.007) have a right to a hearing. Your request must be in writing 28. Poisonous or Toxic Materials (FC-7)(590.008) and submitted to the Board of Health at the above address 29. Special Regulrements within 10 days of receipt of this order. (590.009) DATE OF RE-INSPECTION: 30. Other Inspector's Signature: Print:

Print:-

PIC's Signature:

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF <u>Lagmings to</u>

Massachusetts Department of Publi Division of Food and Drugs	c Health				
FOOD ESTABLISHMENT INSPECTION REPORT					
Name tall Brook	Date 7-5-18	Type of Operation(s) Food Service	Type of Inspection Routine		
Address) S Decico Du	Risk	Retall	Re-Inspection		
Telephone	Levei	Residential Kitchen Mobile	Previous Inspection Date:		
Owner	HACCP Y/N	Temporary Caterer	Pre-operation Suspect liness		
Person in Charge (PiC) Jam Prince	Time	Bed & Breakfast	General Complaint		
Inspector Marca Banks	In: Out:	Permit No.	HACCP Other		
Each violation checked requires an explanation on the		e(s) and a citation of			
vioiated.			Non-compliance with:		
Violations Related to Foodborne Illness Interventions an Violations marked may pose an imminent health hazard and action as determined by the Board of Health.		e corrective Tobacc			
FOOD PROTECTION MANAGEMENT	12. Preve	ntion of Contamination from	n Hands		
1. PIC Assigned / Knowledgeable / Duties	☐ 13. Hand	wash Facilities			
EMPLOYEE HEALTH ☐ 2. Reporting of Diseases by Food Employee and PiC	PROTECTION	FROM CHEMICALS			
Reporting of Diseases by Food Employee and PiC Response with Infections Restricted/Excluded	☐ 14. Approx	14. Approved Food or Color Additives			
FOOD FROM APPROVED SOURCE	☐ 15. Toxic Chemicals				
4. Food and Water from Approved Source	TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)				
5. Receiving/Condition	□ 16. Cooking Temperatures Walkin Cooler temp of Temp Checks by Stare				
☐ 6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehea	ating lemp ca	leaks by starp goo		
7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Cooli	_			
PROTECTION FROM CONTAMINATION	☐ 19. Hot a	nd Cold Holding			
8. Separation/Segregation/Protection	☐ 20. Time	As a Public Health Contr ol			
9. Food Contact Surfaces Cleaning and Sanitizing		rs FOR HIGHLY SUSCEPTIBLE and Food Preparation for H			
☐ 10. Proper Adequate Handwashing		•	NO other 153ve		
11. Good Hygienic Practices	CONSUMER A 22. Postir	DVISORY ig of Consumer Advisories			
Violations Related to Good Retail Practices (Blue items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health New critical (N) violations and the state of Health New critical (N) violations and the state of Health New critical (N) violations are the state of Health New critical (N) violations are the state of Health New critical (N) violations are the state of Health New critical (N) violations are the state of the stat	To Foodbo	Violated Provisions Re rne Illnesses Interventionactors (Red Items 1-22)	ons		
of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health. C N 23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009) 30. Other	today, the it 590.000/Fed by a Board order of the cited in this the food est establishme have a right and submitt within 10 da	der for Correction: Base ems checked indicate vio erai Food Code. This report Health member or its a Board of Health. Failure report may result in suspablishment permit and cent operations. If aggrieve to a hearing. Your requested to the Board of Health ys of receipt of this order.	plations of 105 CMR ort, when signed below gent constitutes an to correct violations bension or revocation of sation of food of by this order, you at the above address		

Inspector's Signature: Marco 2 Bony	Print: Marco L. Bangra Z/	, ,
PIC's Signature:	Print: John Prince	PageofPages

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OR CITY OF LOMING TOWN

Massachusetts Department of Public Health

Division	of Food and Drugs
_	

FORM 734A A.M. SULKIN CO. CHARLESTOWN, MA

Division of Food and Drugs FOOD ESTABLISHMENT INSPECTION REPORT			
Name Fall Brook School Address 25 Deccico Dr. Telephone	Date//0-/9 Risk Level	Type of Operation(s) Food Service Retail Residential Kitchen Mobile	Routine Re-inspection Previous Inspection Date:
Owner	HACCP Y/N	Temporary Caterer	Pre-operation Suspect liness
Person in Charge (PIC) Inspector Marco L- Ibua m. 7	Time In: Out:	Bed & Breakfast Permit No.	General Complaint HACCP Other
Each violation checked requires an explanation on the violated. Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and a action as determined by the Board of Health.	narrative pag	(Red Items) Anti-C	f specific provision(s Non-compliance with: Choking 590.009 (E)
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties EMPLOYEE HEALTH 2. Reporting of Diseases by Food Employee and PIC 3. Personnel with Infections Restricted/Excluded FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source 5. Receiving/Condition 6. Tags/Records/Accuracy of Ingredient Statements 7. Conformance with Approved Procedures/HACCP Plans PROTECTION FROM CONTAMINATION 8. Separation/Segregation/Protection 9. Food Contact Surfaces Cleaning and Sanitizing 10. Proper Adequate Handwashing 11. Good Hygienic Practices	☐ 13. Hand PROTECTION ☐ 14. Appro ☐ 15. Toxic TIME/TEMPER ☐ 16. Cooki ☐ 17. Reher ☐ 18. Coolii ☐ 19. Hot a ☐ 20. Time. REQUIREMEN ☐ 21. Food CONSUMER A	RATURE CONTROLS (Potentialing Temperatures atting ing and Cold Holding As a Public Health Control ITS FOR HIGHLY SUSCEPTIBLE and Food Preparation for H	- IEQK & 2-1 DO Preple Sind Sind ally Hazardous Foods) LE POPULATIONS (HSP)
Violations Related to Good Retail Practices (Biue Items) Critical (C) violations marked must be corrected Immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected Immediately or within 90 days as determined by the Board of Health. 23. Management and Personnel (FC-2)(590,003) 24. Food and Food Protection (FC-3)(590,004) 25. Equipment and Utensils (FC-4)(590,005) 26. Water, Piumbing and Waste (FC-5)(690,006) 27. Physical Facility (FC-6)(590,007) 28. Poisonous or Toxic Materials (FC-7)(590,008) 29. Special Requirements (590,009) 30. Other	To Foodbo and Risk F Official Ord today, the it 590.000/Fed by a Board order of the cited in this the food est establishme have a right and submitt within 10 da	f Violated Provisions Reprine Illnesses Interventifactors (Red Items 1-22) der for Correction: Base tems checked indicate violeral Food Code. This report Health member or its as Board of Health. Failure a report may result in sustablishment permit and cent operations. If aggrieve to a hearing. Your requeted to the Board of Health ays of receipt of this order E-INSPECTION:	ions): ed on an Inspection olations of 105 CMR port, when signed below agent constitutes an ito correct violations ippension or revocation of essation of food ed by this order, you est must be in writing h at the above address
Inspector's Signature: Print: PIC's Signature: Print: Print:	Marco .	L. Bong M.	PageofPages

Foor Establishment Insp	ection Report -	City/Towr	of Leomir	ster	
Establishment: Fall Brook	Elementry	/	Date: 6-10-19	Page	1 of 2
Address: 25 Deccic			Time in: Time	out:	
Telephone:	Permit No.:		Number of Violated Provisions		
Owner:			to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):		
Person-in-charge: X Jacke	Semler		Number of Repeat Violations		6
Inspector: Marco I. Bangeri			to Foodborne Illness Risk and Interventions (Items 1 thro	ough 29):	0
FOODBORNE ILL	NESS RISK FACTORS	AND PUBLIC	HEALTH INTERVENTIONS		
IN = in compliance OUT= out of compliance	N/O = not observed N/A = no	ot applicable CO	S = corrected on-site during inspecti	on R = rep	eat violation
Compliance Status	IN OUT NIA NO COS R		Compliance Status	111 111	1111 1110 000 5
Supervision	III OUTINA NO COS K		Compliance Status Protection from Contamina		N/A N/O GOS R
Person-in-charge present, demonstr	rates	15 Food ser	parated and protected	LION	
knowledge, and performs duties	100		ntact surfaces; cleaned &		1991
2 Certified Food Protection Manager		16 sanitized			
Employee Health		Proper d	isposition of returned,		17. 1. 1
Management, food employee and	爾原	17 previous	ly served, reconditioned &		1- 5
3 conditional employee; knowledge,		unsafe fo			6
responsibilities and reporting		10	Time/Temperature Control for	Safety	
4 Proper use of restriction and exclusi			ooking time & temperatures	$\rightarrow \downarrow \downarrow$	
Procedures for responding to vomition and diarrheal events	ng	19 Proper re	eheating procedures for hot		
Good Hygienic Practic	es	20 Proper co	ooling time and temperature		
Proper eating, tasting, drinking, or		21 Proper ho	ot holding temperature		
tobacco use	9 .0	22 Proper co	old holding temperature		
7 No discharge from eyes, nose, and mouth		23 Proper da	ate marking and disposition		
Preventing Contamination b	v Hands	24 Time as a	a Public Health Control		
8 Hands clean & properly washed	y Hullus		Consumer Advisory		
9 No bare hand contact with ready-to-	eat	Consume undercoo	er advisory provided for raw / oked food		f. S.
Adequate handwashing sinks proper	IV 120 to		Highly Susceptible Populati		
supplied and accessible		26 Pasteuriz	ed foods used; prohibited foo	ods	60
Approved Source			ood/Color Additives and Toxic St	uhetanaaa	100
11 Food obtained from approved source			litives: approved & properly	Sanita sur	
12 Food received at proper temperature		used used			
Food received in good condition, safunadulterated	6 m 2 m	Toxic sub stored & 0	estances properly identified, used		
Required records available: shellstoo tags, parasite destruction			Conformance with Approved Pro	cedures	
lags, parasite destruction		29 Complian	ce with variance / specialized HACCP Plan	ı ı	
Official Order for Correction: Based on applicable sections of the 2013 FDA Food an order of the Board of Health. Fallure to establishment permit and cessation of foor renewal pursuant to 105 CMR 590,000 your Date of Reinspection:	Code. This report, when so correct violations cited in to destablishment operations umay request a hearing be	ms marked "OU signed below by this report may n . If you are sub efore the board	IT" indicated violations of 105 Cf a Board of Health member or its result in suspension or revocatio ject to a notice of suspension, re of health in accordance with 105	MR 590.00 s agent cor on of the for evocation, s CMR 590	nstitutes od or non- 0.015(B).
1//1	izers good. temp check	.com o s 900d	and Sanitary @	-1.0.	5
Signature of Person-in-Charge:	Kis Semle	5	Dat	te: 6 '	10-1
Signature of Inspector:	I Bonton		Dat	ie: 6 - 1	10-19
Form 734A-1 A.M. Sulkin Co., Charlest	own, MA				

Food Establishment Inspection Report - City/Town of Leaminster

	menintelle mop			WII OI _		
Establishment:	Fall brook	Elemi	entry	Date: 6	10.19	Page 2 of 2
	GOOD RETA	AIL PRACTICES	AND MASSACHU	JSETTS-ONLY	SECTIONS	Carlo Sain
IN = In compliance	OUT= out of compliance	N/O = not observed	N/A = not applicable	COS = corrected o	n-site during Inspection	R = repeat violation

	Compliance Status	IN	our	N/A	1110	000	_
	Safe Food and Water	IN	1001	N/A	MO	COS	R
	Pastourized eggs used where	2.75	10		(C)		-
30	required						
31							
32	Variance obtained for specialized						
	processing methods		لِبا	_		-	
	Food Temperature Control	01				9	
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate	N		5			
	Food Identification						
37	Food properly labeled; original container			201			
	Prevention of Food Confamin	atio	n				
38	Insects, rodents, & animals not present				17		
39	Contamination prevented during food preparation, storage and display				Harry Con		
40	Personal cleanliness	W			7		
41	Wiping cloths: properly used & stored			I	{		
42	Washing fruits & vegetables				N		_
	Proper Use of Utensils		O.			-	1
43	In-use utensils properly stored	(4)				T	
44	Utensils, equipment & linens: properly stored, dried, & handled	37		12.	1		
45	Single-use / single-service articles: properly stored & used	10			7		
46	Gloves used properly	X		N	1		
	Utensils, Equipment and Vend	ling					
	Food & non-food contact surfaces cleanable, properly designed, constructed & used				· V		

appli	cable COS = corrected on-site during inspecti	on	K =	repe	at v	olati	on
			,				
	Compliance Status	IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean	M			5		
	Physical Facilities		3				
50	Hot & cold water available; adequate pressure	. 000					
51	Plumbing installed; proper backflow devices	X		1			
52	Sewage & waste water properly disposed			1	7		
53	Toilet features: properly constructed, supplied, & cleaned			S. Park	\$ 1 2		
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean	الدا			, 1 2 m		
56	Adequate ventllation & lighting; designated areas used	524 (4 23.			200		
100	Additional Requirements listed in 105	CM	R 59	0.0	11	500	6
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Tp3.	Review of Retail Operations listed in 10	5 C	MR !	gir.	010		8
МЗ	Caterer					T	
M4	Mobile Food Operation					\neg	
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market		П			\neg	
М7	Residential Kitchen; Bed-and- Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
М9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
	Local Requirements				49	97	
L1	Local law or regulation	T		T	T	T	
	Other						┪

Type of Operation(s): Good Service Establishment Retall Food Store Re-Inspection Pre-operational Illness investigation General complaint HACCP Other	School
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Signature of Person-in-Charge: Jacket Le sulles	Date:
Signature of inspector: Makes I Bondon	Date: 6 - 10 - 19

Form 734A-2 A.M. Sulkin Co., Charlestown, MA

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF		HUSETTS	
Massachusetts Department of Publi Division of Food and Drugs FOOD ESTABLISHMENT INSPECTION REPORT	c Health		
Name Name	Date	Type of Operation(s)	Type of Inspection
Address	Risk	Food Service	Rouline
Telephone	Level	Residential Kitchen	Re-inspection Previous Inspection
Owner 5.77- Q.C.	HACCP Y/N	Mobile Temporary	Date: ☐ Pre-operation
Person in Charge (PIC)		☐ Caterer	Suspect Illness
	Time	Bed & Breakfast	General Complaint HACCP
Each violation checked requires an explanation on the	Out	Permit No.	Other
violated, <u>Violations Related to Foodborne Illness Interventions and</u> Violations marked may pose an imminent health hazard and a action as determined by the Board of Health.	d Risk Factors ((Red Items) Anti-Ci	Non-compliance with: toking 590,009 (E)
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties	12. Preve	ention of Contamination from	n Hands
EMPLOYEE HEALTH	13. Hand	wash Facilities	10 1 54 1
Reporting of Diseases by Food Employee and PIC	PROTECTION	FROM CHEMICALS	5-1 11
☐ 3. Personnel with Infections Restricted/Excluded	☐ 14. Appro	oved Food or Color Additives	1.10/1 50
FOOD FROM APPROVED SOURCE	☐ 15. Toxic	Chemicals	18 49 VOS 7 A
4. Food and Water from Approved Source		ATURE CONTROLS (Potential	ly Hazardous Foods)
5. Receiving/Condition		ng Temperatures	other see of
6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehea	eting	-1./1
7. Conformance with Approved Procedures/HACCP Plans	18. Coolin	Y	Dien ve
PROTECTION FROM CONTAMINATION		nd Cold Holding	11/1 54
8. Separation/Segregation/Protection		As a Public Health Control	Trans I.
9. Food Contact Surfaces Cleaning and Sanitizing 10. Proper Adequate Handwashing	REQUIREMENT ☐ 21. Food a	rs FOR HIGHLY SUSCEPTIBLE and Food Preparation for HS	POPULATIONS (HSP)
☐ 11. Good Hygienic Practices	CONSUMER AD 22. Posting	OVISORY g of Consumer Advisories	
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health. 23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009) 30. Other	To Foodbor and Risk Fa Official Ord today, the Ite 590.000/Fede by a Board o order of the cited in this the food esta establishmen have a right of and submitte within 10 day	Violated Provisions Related Intervention (Red Items 1-22): er for Correction: Based ems checked Indicate violetal Food Code. This report Health member or its agreement may result in suspend in the properties of the Board of Health end code to a hearing. Your request of the Board of Health events of receipt of this order.	ons I on an inspection ations of 105 CMR ort, when signed below gent constitutes an o correct violations ension or revocation of essation of food if by this order, you it must be in writing at the above address

Inspector's Signature:		Print:		
PIC's Signature:	u. Ti. Gust.	Print:	KATAY TUBURIEI	Page of Pages
FORMARA AND DESCRIPTION OF THE PARTY OF THE	4			

Health Date 7-3-K Risk Level	Type of Operation(s) Food Service Retail Residential Kitchen	Type of Inspection Rouline Re-inspection			
Date 7-3-16 Risk Level	Food Service Retail	Routine			
Risk Level	Food Service Retail	Routine			
Level	Retail				
Level		I I ERRE-INSPIREDON			
HACCP Y/N		Previous Inspection			
	Temporary	Date: Pre-operation			
	Caterer Red & Breakfast	Suspect Illness General Complaint			
In:		HACCP			
Out:		Other			
arrative pag	e(s) and a citation of	Specific provision(s) Non-compliance with:			
	e corrective Tobac	hoking 590,009 (E)			
12. Preve	ention of Contamination fro	m Hands			
☐ 13. Hand	wash Facilities				
PROTECTION FROM CHEMICALS 14. Approved Food or Color Additives					
	_				
The wife the the test of the t					
	ating No Cx	posed absorbunt surpu			
_					
	•				
	•	NO Other issues			
To Foodbo and Risk F Official Ord today, the it 590.000/Fed by a Board order of the cited in this the food est establishme have a right and submitt	rne Illnesses Interventi actors (Red Items 1-22) der for Correction: Base ems checked indicate vid leral Food Code. This rep of Health member or its a Board of Health. Failure report may result in susp ablishment permit and count ent operations. If aggrieve to a hearing. Your reque- ted to the Board of Health	ed on an inspection plations of 105 CMR port, when signed below agent constitutes an to correct violations pension or revocation of essation of food ed by this order, you st must be in writing at the above address			
- F	HACCP Y/N Time In: Out: arrative pag Risk Factors quire immediat 12. Preve 13. Hand PROTECTION 14. Appro 15. Toxic TIME/TEMPER 16. Cooki 17. Rehea 18. Coolii 19. Hot at 20. Time REQUIREMEN 21. Food CONSUMER A 22. Postir Number of To Foodbo and Risk F Official Ord today, the It 590.000/Fed by a Board order of the cited in this the food est establishme have a right and submitt within 10 da	Mobile Temporary Caterer Bed & Breakfast In: Out: Permit No. arrative page(s) and a citation of Risk Factors (Red items) Quire immediate corrective Tobac Allerg 12. Prevention of Contamination fro 13. Handwash Facilities PROTECTION FROM CHEMICALS 14. Approved Food or Color Additive 15. Toxic Chemicals TIME/TEMPERATURE CONTROLS (Potentia			

Inspector's Signature: Thoraco I. Bomm	Print: Margo L.	Banamaz	
PIC's Signature:	Print: 5)	DBM	PageofPages

TOWN OR CITY OF Seamonwealth of Massachusetts

Massachusetts Department of Public Health Division of Food and Drugs FOOD ESTABLISHMENT INSPECTION REPORT Date Type of Operation(s) Type of Inspection Food Service Routine Address ☐ Re-Inspection Retail Risk Residential Kitchen Previous Inspection Level Telephone Mobile Date: Temporary Pre-operation Owner HACCP Y/N Caterer Suspect Illness Person In Charge (PIC) General Complaint Bed & Breakfast Time HACCP in: Inspector Marco L. Permit No. Other_ Out: Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated. Non-compliance with: Violations Related to Foodborne lilness Interventions and Risk Factors (Red Items) Anti-Choking 590.009 (E) Violations marked may pose an imminent health hazard and require immediate corrective Tobacco 590,009 (F) action as determined by the Board of Health. Allergen Awareness 590,009 (Q) FOOD PROTECTION MANAGEMENT ☐ 12. Prevention of Contamination from Hands □ 1. PIC Assigned / Knowledgeable / Duties EMPLOYEE HEALTH Hoods Cleaned 8-18-14enr □ 13. Handwash Facilities Broken files PROTECTION FROM CHEMICALS Grease tray

☐ 14. Approved Food or Color Additives ☐ 2. Reporting of Diseases by Food Employee and PiC Sch. 3. Personnel with Infections Restricted/Excluded + Spoke to Bill ☐ 15. Toxic Chemicals FOOD FROM APPROVED SOURCE TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods) 4. Food and Water from Approved Source ☐ 16. Cooking Temperatures ☐ 5. Receiving/Condition ☐ 17. Reheating ☐ 6. Tags/Records/Accuracy of Ingredient Statements ☐ 18. Cooling 7. Conformance with Approved Procedures/HACCP Plans 19. Hot and Cold Holding PROTECTION FROM CONTAMINATION ☐ 20. Time As a Public Health Control 8. Separation/Segregation/Protection REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP) 9. Food Contact Surfaces Cleaning and Sanitizing ☐ 21. Food and Food Preparation for HSP. ☐ 10. Proper Adequate Handwashing CONSUMER ADVISORY ■ 11. Good Hyglenic Practices 22. Posting of Consumer Advisories Violations Related to Good Retail Practices (Blue **Number of Violated Provisions Related** Items) Critical (C) violations marked must be corrected To Foodborne Illnesses Interventions Immediately or within 10 days as determined by the Board and Risk Factors (Red Items 1-22): of Health. Non-critical (N) violations must be corrected Official Order for Correction: Based on an inspection immediately or within 90 days as determined by the Board today, the items checked indicate violations of 105 CMR of Health. 590.000/Federal Food Code. This report, when signed below CN by a Board of Health member or its agent constitutes an 23. Management and Personnel (FC-2)(590,003) order of the Board of Health. Failure to correct violations 24. Food and Food Protection (FC-3)(590.004) cited in this report may result in suspension or revocation of 25. Equipment and Utensils (FC-4)(590.005) the food establishment permit and cessation of food 26. Water, Plumbing and Waste (FC-5)(590.006) establishment operations. If aggrieved by this order, you 27. Physical Facility (FC-6)(590.007) have a right to a hearing. Your request must be in writing 28. Poisonous or Toxic Materials (FC-7)(590.008) and submitted to the Board of Health at the above address 29. Special Regulrements within 10 days of receipt of this order, (590.009)30. Other **DATE OF RE-INSPECTION:**

Ins	pector's Signature:	Maros	2. Bus	nn	Print:	marca L	- Bangrazt	
PIC	C's Signature:	alle	n. au	sil	Print:	KATIN	Tybyrst.	PageofPages
FORM	4 734A A.M. SULKIN CO.	CHARLESTOW	N, MA				7	

tablishment: Francis Dracke Elements dress: 95 Viscoloid Ave.	Date: 6 - 10 - 19 Page 1 of 2
ulcos, TC IA/C/A/A/A/A/A/A/A/A/A/A/A/A/A/A/A/A/A/A	
	Time in: Time out:
lephone: Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors
vner:	and Interventions (Items 1 through 29):
rson-in-charge Susan Canady	Number of Repeat Violations Related
spector: Marco / Banks	to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
FOODBORNE ILLNESS RISK FACTORS	
	of applicable COS = corrected on-site during inspection R = repeat violation
Compliance Status IN OUT N/A N/O COS R	Compliance Status IN OUT NA NO COS
Supervision	Protection from Contamination
Person-in-charge present, demonstrates	15 Food separated and protected
knowledge, and performs duties	Food-contact surfaces; cleaned &
Certified Food Protection Manager Employee Health	Sanitized
Management, food employee and	Proper disposition of returned, 17 previously served, reconditioned &
conditional employee; knowledge,	unsafe food
responsibilities and reporting	Time/Temperature Control for Safety
Proper use of restriction and exclusion	18 Proper cooking time & temperatures
Procedures for responding to vomiting and diarrheal events	Proper reheating procedures for hot holding
Good Hygienic Practices	20 Proper cooling time and temperature
Proper eating, tasting, drinking, or obacco use	21 Proper hot holding temperature
No discharge from eyes, nose, and	22 Proper cold holding temperature
nouth	23 Proper date marking and disposition
Preventing Contamination by Hands	24 Time as a Public Health Control
lands clean & properly washed	Consumer Advisory Consumer advisory provided for raw /
No bare hand contact with ready-to-eat	25 undercooked food
Adequate handwashing sinks properly	Highly Susceptible Populations
supplied and accessible	Pasteurized foods used; prohibited foods
Approved Source	not offered
ood obtained from approved source	Food additives: approved & property
ood received at proper temperature	Food additives: approved & properly used
ood received in good condition, safe, & nadulterated	Toxic substances properly identified,
	stored & used
	Conformance with Approved Procedures
Required records available: shellstock ggs, parasite destruction	Compliance with variance / specialized process / HACCP Plan

Form 734A-1 A.M. Sulkin Co., Charlestown, MA

Food Establishment Inspection Report - City/Town of Leominster

			eport - Orty/10			31		
Establishment:	Francis	Drate	Elementi	Date: 6-1	0-19	Page 2 of _2		
Establishment: Francis Druke Elementing Date: 6-10-19 Page 2 of 2 GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS								
IN = In compliance	OUT= out of compllar	oce N/O = not obse	ned M/A = not applicable	COS = corrected on a	the dissipation	D = seeset delette :		

_	Campliana Status	1 111	ouz.	1412			_
	Compliance Status Safe Food and Water	IN	OUT	N/A	N/O	cos	R
3.1 1	The second secon		11/2	-	Section 1	200	.74
30	required						
31	Water & ice from approved source			Ξ			
32	Variance obtained for specialized processing methods						
	Food Temperature Contr	ol		137		10	
	Proper cooling methods used;						
33	adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate	3		7	<u>.</u>		
	Food Identification						
37	Food properly labeled; original container						
	Prevention of Food Contamir	atio	n	ш		25/2	9/
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display				T		
40	Personal cleanliness			5	5		
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
7	Proper Uso of Utensils					7	T
43	In-use utensils properly stored		1	N.			
44	Utensils, equipment & linens: properly stored, drled, & handled						
45	Single-use / single-service articles: properly stored & used			33.7	The state of the s		
46	Gloves used properly	3.15			1		
	Utensils, Equipment and Ven	ding	ì			- 17	
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used				The second		

	Compliance Status	1N	OUT	N/A	N/O	cos
48	Warewashing facilities: installed, maintained, & used; test strlps			200	100	
49	Non-food contact surfaces clean			E.	- 10	
	Physical Facilities					2.
50	Hot & cold water available; adequate pressure			A	3	
51	Plumbing installed; proper backflow devices			7)	
52	Sewage & waste water properly disposed			0.72	4	
53	Toilet features: properly constructed, supplied, & cleaned	4		9 4	1	
54	Garbage & refuse properly disposed; facilities maintained	100		3000	100	
55	Physical facilities Installed, maintained, & clean	E			1	
56	Adequate ventilation & lighting; designated areas used				100	
	Additional Requirements listed in 105	CM	R 59	0.0	11	
M1	Anti-choking procedures in food service establishment					
M2	Food allergy awareness					
	Review of Retail Operations listed in 10	5 C	MR :	90.	010	
М3	Caterer					T
M4	Mobile Food Operation					
M5	Temporary Food Establishment					
M6	Public Market; Farmers Market					
М7	Residential Kitchen; Bed-and- Breakfast Operation					
	Residential Kitchen: Cottage Food Operation					
М9	School Kitchen; USDA NutrItion Program					
_	Leased Commercial Kitchen					
M11	Innovative Operation					
3	Local Requirements		Pary	i	74	1, 1
L1	Local law or regulation					T

Type of Operation(s): Food Service Establishment Retail Food Store Residential: Cottage Foods Residential; Bed & Breakfast Mobile/Pushcart Temporary Food Estab.	Type of Inspection: Discouline Re-Inspection Pre-operational Illiness Investigation General complaint HACCP Other	Other Information:		
--	---	--------------------	--	--

Signature of Person-in-Charge: 1600 Bondy
Signature of Inspector: Mosso Z. Bondy

Date: 6 - 19

Form 734A-2 A.M. Sulkin Co., Charlestown, MA

TOWN OR	CITY OF	Leans	15/0-
I OWN OR	CITY OF		15/00

Massachusetts Department of Public Health Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT		•	
Name Toler for	Date /	Type of Operation(s) Food Service	Type of Inspection Routine
Address // // // //	Risk	Retail	Re-Inspection
Telephone	Level	Residential Kitchen Mobile	Previous Inspection Date:
Owner / /	HACCP Y/N	Temporary	☐ Pre-operation
Person In Charge (PIC)	Time	Caterer Bed & Breakfast	Suspect Illness General Complaint
Inspector	In: Out:	Permit No.	HACCP Other
Each violation checked requires an explanation on the violated. <u>Violations Related to Foodborne Iliness Interventions and Violations marked may pose an imminent health hazard and reaction as determined by the Board of Health.</u>	narrative pag	ge(s) and a citation of (Red Items) Anti-cite corrective Tobacc	specific provision(s Non-compliance with: hoking 590.009 (E)
FOOD PROTECTION MANAGEMENT 1. PiC Assigned / Knowledgeable / Duties		ention of Contamination from	n Hands
EMPLOYEE HEALTH 2. Reporting of Diseases by Food Employee and PIC	PROTECTION	FROM CHEMICALS	
Reporting or biseases by Food Employee and Fig.	☐ 14. Approx	oved Food or Color Additives	3
FOOD FROM APPROVED SOURCE	☐ 15. Toxic		
☐ 4. Food and Water from Approved Source		RATURE CONTROLS (Potential	lly Hazardous Foods)
5. Receiving/Condition		ing Temperatures	Som Ch
6. Tags/Records/Accuracy of ingredient Statements	☐ 17. Rehea	ating	Sos ch Bur dsintel -
7. Conformance with Approved Procedures/HACCP Plans	_	nd Cold Holding	199 151411 -
PROTECTION FROM CONTAMINATION		As a Public Health Control	
8. Separation/Segregation/Protection	_	TS FOR HIGHLY SUSCEPTIBL	E POPULATIONS (HSP)
 □ 9. Food Contact Surfaces Cleaning and Sanitizing □ 10. Proper Adequate Handwashing 		and Food Preparation for H	
☐ 11. Good Hygienic Practices	CONSUMER A	DVISORY ng of Consumer Advisories	
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health. C N	To Foodboand Risk F Official Ore today, the it 590.000/Fec by a Board order of the cited in this the food est establishme have a right and submitt within 10 da	Violated Provisions Reprine Illnesses Intervention (Red Items 1-22) Violater for Correction: Base Violater Food Code. This reprint of Health member or its a Board of Health. Failure of French Food French Food French Fre	d on an inspection plations of 105 CMR ort, when signed below gent constitutes an to correct violations pension or revocation of sessation of food by this order, you st must be in writing at the above address
Inspector's Signature: Print:			
PIC's Signature: More lenley Print:	Monica	semler	Page of Pages
FORM 734A A.M. SULKIN CO. CHARLESTOWN, MA			

THE COMMONWEAL	TH OF MASSAC	HUSETTS		
TOWN OR CITY OF				
Massachusetts Department of Publi Division of Food and Drugs FOOD ESTABLISHMENT INSPECTION REPORT	ic Health			
Name The House Corner REPORT	Date	Type of Operation(s) Food Service	Type of Inspection Routine	
Address	Risk	Retail	☑-Re-inspection /0//>	
Telephone	Level	Residential Kitchen Mobile	Previous Inspection Date:	
Owner	HACCP Y/N	Temporary Caterer	☐ Pre-operation ☐ Suspect Illness	
Person in Charge (PIC)	Time	Bed & Breakfast	General Compleint	
Inspector	In: Out:	Permit No.	HACCP Other	
Each violation checked requires an explanation on the violated. Violations Related to Foodborne Illness Interventions and	d Risk Factors	(Red Items) Anti-C	specific provision(s) Non-compliance with:	
Violations marked may pose an imminent health hazard and action as determined by the Board of Health.	require immedia			
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties		ention of Contamination fro Iwash Facilities	m Hands	
EMPLOYEE HEALTH	PROTECTION	FROM CHEMICALS		
2. Reporting of Diseases by Food Employee and PIC	☐ 14. Approved Food or Color Additives			
3. Personnel with infections Restricted/Excluded FOOD FROM APPROVED SOURCE	☐ 15. Toxid	: Chemicals		
4. Food and Water from Approved Source	TIME/TEMPER	RATURE CONTROLS (Potentia	lly Hazardous Foods)	
5. Receiving/Condition	☐ 16. Cook	ing Temperatures	Call 1	
6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehe	ating		
7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Cooil	ng	There Types -	
PROTECTION FROM CONTAMINATION	☐ 19. Hot a	nd Cold Holding	10/13/17	
8. Separation/Segregation/Protection	☐ 20. Time	As a Public Health Control		
9. Food Contact Surfaces Cleaning and Sanitizing	REQUIREMEN	TS FOR HIGHLY SUSCEPTIBL	E POPULATIONS (HSP)	
☐ 10. Proper Adequate Handwashing	☐ 21. Food	and Food Preparation for H	SP	
11. Good Hygienic Practices	CONSUMER A	DVISORY ng of Consumer Advisories		
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected Immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected Immediately or within 90 days as determined by the Board of Health. C N 23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005)	To Foodbo and Risk F Official Ord today, the it 590.000/Fed by a Board order of the cited in this	Violated Provisions Reprine Illnesses Interventifactors (Red items 1-22) Vider for Correction: Base tems checked indicate videral Food Code. This report Health member or its as Board of Health, Failure report may result in sustablishment permit and contractions.	ons it don an inspection plations of 105 CMR port, when signed below igent constitutes an to correct violations pension or revocation of	
26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009) 30. Other	establishme have a right and submitt within 10 da	ent operations. If aggrieve to a hearing. Your requested to the Board of Health tys of receipt of this order E-INSPECTION:	ed by this order, you st must be in writing at the above address	

Inspector's Signature:

PIC's Signature:

Print:

Print:

Print:

Print:

Page of Pages

THE COMMONWEALTH OF MASSACHUSETTS TOWN OR CITY OF LOOM 154er

Massachusetts Department of Public	Health		
Division of Food and Drugs			
FOOD ESTABLISHMENT INSPECTION REPORT			
Name Johnny Appleseed School	Date 9-5-18	Type of Operation(s) Food Service	Type of Inspection Routine
Address (UC Man 54	Risk	Retall	Re-Inspection
Telephone	Level	Residential Kitchen Mobile	Previous Inspection Date:
Owner	HACCP Y/N	Temporary Caterer	Pre-operation Suspect Illness
Person In Charge (PIC)	Time	Bed & Breakfast	General Complaint
Inspector March L Banara?	In: Out:	Permit No.	HACCP Other
Each violation checked requires an explanation on the	narrative pag	ge(s) and a citation of	f specific provision(s
violated.		(5)	Non-compliance with:
Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and reaction as determined by the Board of Health.		te corrective Tobac	Choking 590,009 (E) 590,009 (F) gen Awareness 590,009 (Q)
FOOD PROTECTION MANAGEMENT	☐ 12. Preve	ention of Contamination fro	om Hands
1. PIC Assigned / Knowledgeable / Duties	☐ 13. Hand	wash Facilities	
EMPLOYEE HEALTH	PROTECTION	FROM CHEMICALS	
2. Reporting of Diseases by Food Employee and PIC	☐ 14. Appr	oved Food or Color Additive	98
3. Personnel with Infections Restricted/Excluded	☐ 15. Toxic	: Chemicals	
FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source	TIME/TEMPER	RATURE CONTROLS (Potentia	ally Hazardous Foods)
5. Receiving/Condition	☐ 16. Cook	king Temperatures	
☐ 6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehe	ating	
☐ 7. Conformance with Approved Procedures/HACCP Plans	18. Cool	ing	
PROTECTION FROM CONTAMINATION	☐ 19. Hot a	and Cold Holding	
■ 8. Separation/Segregation/Protection	☐ 20. Time	As a Public Health Control	
9. Food Contact Surfaces Cleaning and Sanitizing	REQUIREMEN	ITS FOR HIGHLY SUSCEPTIBLE	LE POPULATIONS (HSP)
10. Proper Adequate Handwashing	21. Food	and Food Preparation for H	ISP
11. Good Hygienic Practices	CONSUMER A	ADVISORY ng of Consumer Advisories	-NO issues
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board	To Foodbo	f Violated Provisions R orne Illnesses Intervent Factors (Red Items 1-22	tions
of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board		der for Correction: Bas	
of Health.		tems checked indicate vi deral Food Code. This rej	
23. Management and Personnel (FC-2)(590.003)		of Health member or its	
24. Food and Food Protection (FC-3)(590.004)		Board of Health. Failure	
25. Equipment and Utensils (FC-4)(590.005)		s report may result in sus stablishment permit and c	
26. Water, Piumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007)	establishm	ent operations. If aggrlev	red by this order, you
28. Poisonous or Toxic Materials (FC-7)(590,008)	_	t to a hearing. Your reque ited to the Board of Healt	
29. Special Requirements (590.009) 30. Other	within 10 da	ays of receipt of this orde E-INSPECTION:	
Inspector's Signature: Print:	marco u	~ Bangra 7 1	1 /

Inspector's Signature: Wastand Bonth	Print: Marco L Bangra71	Λ /
PIC's Signature: Morre Slune"	Print: Munica Stember	Page Jof Pages

Food Establishment Inspect	ion Re	port –	City/Tow	n of Leaminste		
Establishment: Johnn V Apple	Seea	1 50	haal	Date: 3 - 12 - 19	Page	1 of 3
Address: 845 Main St.				Time in: Time	out:	
Telephone: Pe	rmit No.:			Number of Violated Provisions	Related	0
Owner:				to Foodborne Illness Risk and Interventions (Items 1 throu		0
Person-in-charge:				Number of Repeat Violations	Related	
Inspector: Marcol Bana	you's	(to Foodborne Illness Risk and Interventions (Items 1 throu		
FOODBORNE ILLNÉS	S RISK F	ACTORS		C HEALTH INTERVENTIONS		
IN = in compliance OUT= out of compliance N/O	= not observ	ed N/A = n	ot applicable Co	OS = corrected on-site during inspectio	n .R = rep	eat violation
Compliance Status	IN OUT N/A	N/O COS R		Compliance Status	וועס או	N/A N/O COS F
Supervision				Protection from Contaminat		
Person-in-charge present, demonstrates			15 Food se	eparated and protected		
knowledge, and performs duties	144	0		ontact surfaces; cleaned &		
2 Certified Food Protection Manager			sanitize			100
Employee Health	4 45	7,1		disposition of returned,		
Management, food employee and 3 conditional employee; knowledge,			17 previous unsafe	sly served, reconditioned & food		
responsibilities and reporting		.4		Time/Temperature Control for S	Safety	
4 Proper use of restriction and exclusion		4	18 Proper of	cooking time & temperatures		
Procedures for responding to vomiting and diarrheal events		5	19 Proper i	reheating procedures for hot		
Good Hygienic Practices				cooling time and temperature		
Proper eating testing drinking or					-	
tobacco use				not holding temperature		
7 No discharge from eyes, nose, and				cold holding temperature date marking and disposition		
mouth				a Public Health Control		
Preventing Contamination by Ha	nds		Z+JTIITIC ds	Consumer Advisory		
8 Hands clean & properly washed	10.00		Consum	ner advisory provided for raw /	TIT	
No bare hand contact with ready-to-eat food			25 underco	oked food		
Adequate handwashing sinks properly			ID	Highly Susceptible Populatio		I LESI
supplied and accessible	les		26 not offer	ized foods used; prohibited food ed	ds	
Approved Source 11 Food obtained from approved source	T INSTERN			Food/Color Additives and Toxic Sul	bstances	128
12 Food received at proper temperature	25.0		₂₇ Food ad	ditives: approved & properly		
Food received in good condition, safe, &	1		Toylogu	hotaneoa proporty identified		1. 2
unadulterated			28 stored &	bstances properly identified, used		13.
Required records available: shellstock tags, parasite destruction				Conformance with Approved Proc		
1.00-11			29 Complia	nce with variance / specialized / HACCP Plan		(vi
Official Order for Correction: Based on an imapplicable sections of the 2013 FDA Food Cod an order of the Board of Health. Failure to correstablishment permit and cessation of food est renewal pursuant to 105 CMR 590.000 you mad Date of Reinspection: Discussion with Permit and Code Code Code Code Code Code Code Cod	e. This reprect violation ablishment y request a	oort, when ns cited in operations hearing b	ems marked "O signed below b this report may s. If you are su	UT" indicated violations of 105 CM by a Board of Health member or its by result in suspension or revocation bject to a notice of suspension, rev	agent con of the fow vocation,	nstitutes od or non-
Signature of Person-in-Charge: Worker	Ster	nlez		Date	27	2-19
11 orco	150	mm	2	Date	3.1	2-19
Form 734A-1 A.M. Sulkin Co., Charlestown,	MA	/ /				

Food Establishment Inspection Report - City/Town of @ Establishment: Johnny AppleLoed Page 2 of GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation Compliance Status IN OUT N/A N/O COS R Compliance Status IN OUT N/A N/O COS R Safe Food and Water Warewashing facilities: installed, maintained, & used; test strips Pasteurized eggs used where required 49 Non-food contact surfaces clean 31 Water & ice from approved source **Physical Facilities** Variance obtained for specialized Hot & cold water available; processing methods adequate pressure Food Temperature Control Plumbing installed; proper backflow devices Proper cooling methods used: 33 adequate equipment for Sewage & waste water properly 52 temperature control disposed Plant food properly cooked for hot Toilet features: properly holding constructed, supplied, & cleaned 35 Approved thawing methods used Garbage & refuse properly disposed; facilities maintained 36 Thermometers provided & accurate Physical facilities installed. Food Identification maintained, & clean Food properly labeled; original Adequate ventilation & lighting; container designated areas used Prevention of Food Contamination Additional Requirements listed in 105 CMR 590,011 Insects, rodents, & animals not Anti-choking procedures in food service establishment Contamination prevented during M2 Food allergy awareness 39 food preparation, storage and display Review of Retail Operations listed In 105 CMR 590,010 40 Personal cleanliness M3 Caterer Wiping cloths: properly used & M4 Mobile Food Operation stored M5 Temporary Food Establishment 42 Washing fruits & vegetables M6 Public Market: Farmers Market Proper Use of Utensils Residential Kitchen: Bed-and-43 In-use utensils properly stored Breakfast Operation Utensils, equipment & linens: Residential Kitchen: Cottage Food properly stored, dried, & handled Operation Single-use / single-service articles: School Kitchen; USDA Nutrition M9 properly stored & used Program M10 Leased Commercial Kitchen 46 Gloves used properly Utensils, Equipment and Vending M11 Innovative Operation Food & non-food contact surfaces Local Requirements 47 cleanable, properly designed, L1 Local law or regulation constructed & used L2 Other Type of Operation(s): Type of Inspection: Other Information: Food Service Establishment Routine Retail Food Store ☐ Re-inspection ☐ Residential: Cottage Foods ☐ Pre-operational ☐ Residential; Bed & ☐ Illness investigation Breakfast ☐ General complaint ☐ Mobile/Pushcart ☐ HACCP ☐ Temporary Food Estab. □ Other ☐ Other

Signature of Person-In-Charge®

Form 734A-2 A.M. Sulkin Co., Charlestown, MA

Signature of Inspector:

Food Establishment Inspection Report - City/Town of <u>Leomingte</u> Establishment: Johnn V Temperature Observations Item / Location Temp (°F) Temp (°F) Item / Location Item / Location Temp (°F) Observations and/or Corrective Actions Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code İtem Section of Code Description of Violation Date to Correct By Number

Signature of Person-in-Charge;

Form 734B A.M. Sulkin Co., Charlestown, MA

Signature of Inspector:

THE COMMONWEAL	TH OF MASSAC	HUSETTS	
TOWN OR CITY OF	inste		
Massachusetts Department of Public Division of Food and Drugs FOOD ESTABLISHMENT INSPECTION REPORT	c Health		
Name ///	Date,	Type of Operation(s)	Type of Inspection
Address	Risk	Food Service	Retitine Re-Inspection
Telephone	Level	Residential Kitchen	Previous Inspection
Owner 577-715-72	HACCP Y/N	Mobile Temporary	Date:
Person in Charge (PIC)	Time	Caterer Bed & Breakfast	Suspect illness General Complaint
Inspector Inspector	In:		HACCP
Each violation checked requires an explanation on the	Out:	Permit No.	Other
Violated. <u>Violations Related to Foodborne Illness Interventions and Violations marked may pose an Imminent health hazard and reaction as determined by the Board of Health.</u>	d Risk Factors equire immediat	(Red Items) Anti-Ch Tobaco Allerge	Non-compilance with: loking 590.009 (E) 590.009 (F) n Awareness 590.009 (G)
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties		ention of Contamination from	n Hands
EMPLOYEE HEALTH		lwash Facilities	
☐ 2. Reporting of Diseases by Food Employee and PIC		FROM CHEMICALS oved Food or Color Additives	
☐ 3. Personnel with Infections Restricted/Excluded	☐ 15. Toxic		
FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source		RATURE CONTROLS (Potential)	v Hazardoua Foods)
5. Receiving/Condition		ing Temperatures	11/
☐ 6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehea	ating	le Correst
7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Cooli	ng	hell sour
PROTECTION FROM CONTAMINATION	☐ 19. Hot a	nd Cold Holding	
8. Separation/Segregation/Protection	☐ 20. Time a	As a Public Health Control	9/22/17
9. Food Contact Surfaces Cleaning and Sanitizing	REQUIREMEN	TS FOR HIGHLY SUSCEPTIBLE and Food Preparation for HS	POPULATIONS (HSP)
☐ 10. Proper Adequate Handwashing		·	ır
11. Good Hygienic Practices	CONSUMER A 22. Postir	DVISORY ng of Consumer Advisories	
Violations Related to Good Retail Practices (Blue litems) Critical (C) violations marked must be corrected limmediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected	To Foodbo and Risk F	Violated Provisions Rel orne Illnesses Interventic actors (Red Items 1-22):	ons .
Immediately or within 90 days as determined by the Board of Health. 23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009) 30. Other	today, the it 590.000/Fed by a Board order of the cited in this the food est establishme have a right and submitt within 10 da	der for Correction: Based tems checked indicate violateral Food Code. This report of Health member or its again Board of Health. Failure to report may result in suspitablishment permit and certain operations. If aggrieved to a hearing. Your requested to the Board of Health bys of receipt of this order.	lations of 105 CMR ort, when signed below gent constitutes an o correct violations ension or revocation of ssation of food d by this order, you t must be in writing at the above address
Inspector's Signature; Print:			//
PIC's Signature: Coly Minh Print:	Glan M	lauch	PageofPages

				~	~	. /			
TOWN	OR	CITY	OF_		10	141	:1/1	C.	460

Massachusetts Department of Public Health

Division of Food and Dr	rugs
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FOOD ESTABLISHMENT INSPECTION REPORT			
Name 1 115 cuit	Date 5-2-18	Type of Operation(s)	Type of Inspection
Address Granite St.	Risk	Food Service	Routine Re-inspection
Telephone	Level	Residential Kitchen	Previous Inspection
		Mobile Temporary	Date:
Owner	HACCP Y/N	Caterer	Pre-operation Suspect Iliness
Person in Charge (PIC)	Time	Bed & Breakfast	General Complaint
Inspector who was it. Banking	In: Out:	Permit No.	HACCP Other
Each violation checked requires an explanation on the violated. Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and action as determined by the Board of Health.	d Risk Factors	(Red Items) Anti-C	Non-compliance with: hoking 590.009 (E) 590.009 (F)
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties		ention of Contamination from	
EMPLOYEE HEALTH		FROM CHEMICALS (1/1:	
2. Reporting of Diseases by Food Employee and PiC		oved Food or Color Additives	•
3. Personnel with Infections Restricted/Excluded	☐ 15. Toxic	and the second s	n Went In Sano
FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source		ATURE CONTROLS (Polentia	(Iv Hazardous Foode)
5. Receiving/Condition		ng Temperatures - Acce	
☐ 6. Tags/Records/Accuracy of Ingredient Statements		ating Weeter	
☐ 7. Conformance with Approved Procedures/HACCP Plans		ng - Dishwesher	
PROTECTION FROM CONTAMINATION		nd Cold Hoiding	Orain Muaxs
☐ 8. Separation/Segregation/Protection	20. Time	nd Cold Holding (1977)	J. P. 3/4"
9. Food Contact Surfaces Cleaning and Sanitizing	REQUIREMEN'	TS FOR HIGHLY SUSCEPTIBL	E POPULATIONS (HSP)
☐ 10. Proper Adequate Handwashing	☐ 21. Food	and Food Preparation for H	SP
11. Good Hygienic Practices	CONSUMER AI	DVISORY og of Consumer Advisories	
/iolations Related to Good Retail Practices (Blue	Number of	Violeted Descriptions D.	late t
tems) Critical (C) violations marked must be corrected mmediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected	To Foodbo	Violated Provisions Re rne Illnesses Interventi actors (Red Items 1-22)	ons
mmediately or within 90 days as determined by the Board of Health. 23. Management and Personnel (FC-2)(590,003) 24. Food and Food Protection (FC-3)(590,004) 25. Equipment and Utensils (FC-4)(590,005) 26. Water, Plumbing and Waste (FC-5)(590,006) 27. Physical Facility (FC-6)(590,007) 28. Poisonous or Toxic Materials (FC-7)(590,008) 29. Special Requirements (590,009) 30. Other	today, the lt. 590.000/Fed by a Board of order of the cited in this the food est establishme have a right and submitted within 10 day DATE OF RE		stations of 105 CMR ort, when signed below gent constitutes an to correct violations tension or revocation of tessation of food d by this order, you te must be in writing at the above address
Inspector's Signature: 1200 Car J. Bayim / Print:	1011100	· Bararazi	,
PIC's Signature:	Common Co	25.520	PageofPages

	THE COMMONWEALTH OF MASSACHUSETTS
TOWN OR CITY OF	Leominster

Massachusetts Department of Public	c Health		
Division of Food and Drugs FOOD ESTABLISHMENT INSPECTION REPORT			
Name 2 45 Care - School	Date //-7-/5	Type of Operation(s) Food Service	Type of Inspection Routine
Address 3 /- roin ite St.	Risk	Retall Residential Kitchen	4☐ Re-inspection
Telephone	Level	Mobile	Previous Inspection Date:
Owner	HACCP Y/N	Temporary Caterer	Pre-operation Suspect Illness
Person In Charge (PIC)	Time	Bed & Breakfast	General Complaint
Inspector Marco J. Bann	In: Out:	Permit No.	HACCP Other
Each violation checked requires an explanation on the violated.		je(s) and a citation of	
Violations Related to Foodborne Illness Interventions and			Choking 590.009 (E)
Violations marked may pose an imminent health hazard and raction as determined by the Board of Health.	equire immedia		590.009 (F) (en Awareness 590.009 (Q)
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties		ention of Contamination fro Iwash Facilities	m Hands
EMPLOYEE HEALTH	PROTECTION	I FROM CHEMICALS	
2. Reporting of Diseases by Food Employee and PIC	☐ 14. Appr	oved Food or Color Additive	os .
3. Personnel with Infections Restricted/Excluded	☐ 15. Toxid	c Chemicals	
FOOD FROM APPROVED SOURCE ☐ 4. Food and Water from Approved Source		RATURE CONTROLS (Potenti	ally Hazardous Foods)
☐ 5. Receiving/Condition		king Temperatures	
6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehe	•	
7. Conformance with Approved Procedures/HACCP Plans	18. Cool	_	
PROTECTION FROM CONTAMINATION		and Cold Holding	
8. Separation/Segregation/Protection		As a Public Health Control	
9. Food Contact Surfaces Cleaning and Sanitizing		NTS FOR HIGHLY SUSCEPTIBI I and Food Preparation for H	
☐ 10. Proper Adequate Handwashing		· ·	All Set
☐ 11. Good Hygienic Practices	CONSUMER A	ADVISORY ing of Consumer Advisories	VIII SET.
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected	To Foodbo	f Violated Provisions Roorne Illnesses Intervent Factors (Red Items 1-22	ions):
Immediately or within 90 days as determined by the Board		der for Correction: Bas	
of Health.		items checked indicate vi deral Food Code. This re	
23. Management and Personnel (FC-2)(590.003)	by a Board	of Health member or its	egent constitutes an
24. Food and Food Protection (FC-3)(590,004)		e Board of Health. Fallure s report may result in sus	
25. Equipment and UtensIIs (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006)	the food es	tablishment permit and c	essation of food
27. Physical Facility (FC-6)(590.007)		ent operations. If aggrlev t to a hearing. Your reque	
28. Poisonous or Toxic Materials (FC-7)(590.008)		ted to the Board of Healt	
29. Special Requirements (590,009) 30. Other		ays of recelpt of this orde E-INSPECTION:	9 r.
			(
Inspector's Signature: Thoraco J. Banky Print:	Marcol	. Bang/271	1 1
PIC's Signature: Print:		7	PageofPages

FORM 734A A.M. SULKIN CO. CHARLESTOWN, MA

Establishment:	mostertin	b Soli	001	Date: (1/. / 9	Page	1 of
Address: /2)	(TYQ w; Les 6.7	- 1		Time in: Time o		
Telephone: Permit No.:			Number of Violated Provisions R	elated		
Owner:				to Foodborne Illness Risk F	actors	
Person-in-charge: Rob	MAN 1 17 846001			and Interventions (Items 1 throug Number of Repeat Violations R		
				to Foodborne Illness Risk F	actors	
FOC	DROOME ILL NECE DICK F	MOTODO AN	D BUDLIO	and Interventions (Items 1 throug	h 29):	
	DBORNE ILLNESS RISK FA			S = corrected on-site during inspection	D = sans	a kulalatia
	20 of Compilation 1470 - Hot Observe	d MA - Hot ap	DIICADIE CO.	5 - corrected on-site during inspection	K = repe	at violation
Compliance	Status (N DUT N/A N	O COS R		Compliance Status	IN OUT N	I/A N/O COS R
ASSIR	Supervision			Protection from Contaminatio	n	
Person-in-charge pres		1		arated and protected		
knowledge, and perfo Certified Food Protect		11	Food-con	tact surfaces; cleaned &		
	nployee Health	050		sposition of returned,		3
Management, food en	nployee and	1		y served, reconditioned &		
conditional employee;	knowledge,		unsafe fo			5 -61
responsibilities and re Proper use of restriction			ND.	Time/Temperature Control for Sa	fety	
Procedures for respon			Dranavva	booking time & temperatures		
and diarrheal events	iding to vorniting	19	holding	heating procedures for hot		
Good	Hygienic Practices	20		ooling time and temperature		
Proper eating, tasting,	drinking, or			ot holding temperature	+	
tobacco use No discharge from eye	o nego and			ld holding temperature		
mouth	ss, nose, and			ite marking and disposition		
Preventing (Contamination by Hands	24	Time as a	Public Health Control		
Hands clean & propert			Consumo	Consumer Advisory		
No bare hand contact food		25	undercool			
Adequate handwashin	g sinks properly		Pastouriza	Highly Susceptible Population ed foods used; prohibited foods		
supplied and accessib	proved Source	26	not offered	d		
Food obtained from ap			Fo	ood/Color Additives and Toxic Subs	tances	Transfer of the second
Food received at prope		27		tives: approved & properly		
Food received in good unadulterated	condition, safe, &	28	Toxic substant	stances properly identified,		94
Required records avail	able: shellstock			Conformance with Approved Proce	durce	
tags, parasite destructi	on				Jules	
		29	process /	ce with variance / specialized HACCP Plan		
applicable sections of the 2 an order of the Board of He establishment permit and of	2013 FDA Food Code. This repo ealth. Failure to correct violation ressation of food establishment of	ort, when signe s cited in this r operations. If v	d below by eport may re you are subj	T" indicated violations of 105 CMR a Board of Health member or its a esult in suspension or revocation cect to a notice of suspension, revof health in accordance with 105 Cl	gent cons of the food	stitutes d
Date of Reinspection:	Discussion with Person-in-Cha	arge: Plas	ase C	lean Aust, 170	ion y	an col
	7, 1				-	
Signature of Person-in-Cha	nge.			Date:	1. 1	1.10

Date:

Form 734A-1 A.M. Sulkin Co., Charlestown, MA

Signature of inspector:

Food Establishment Inspection Report - City/Town of

Establishment: Date: G-//-/ Page 2 of Date: G-//-/-/ Page 2 of Date: G-//-/-/-/ Page 2 of D

	Compliance Status	IN	OUT	N/A	N/O	cos	R
	Safe Food and Water						
30	Pasteurized eggs used where required						
31	Water & ice from approved source	3		VV	1		
32	Variance obtained for specialized				10 B		
02	processing methods						
	Food Temperature Contr	ol	, ,				1
	Proper cooling methods used;						
33	adequate equipment for temperature control						
_	Plant food properly cooked for hot	1	-	\dashv	-	\dashv	
34	holding	<u>}</u>					
35	FILL STATE OF THE						
36	Thermometers provided & accurate	34			g ²		
	Food Identification		× .			Tops	3
37	Food properly labeled; original container	۰ م		201			
	Frevention of Food Contamin	atlo	n				
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and	700 83		3	7		
00	display			3			
40	Personal cleanliness			3	4		
41	Wiping cloths: properly used & stored	(F)		Ď.	9		
42	Washing fruits & vegetables			8	1		
	Proper Use of Utensils						
43	In-use utensils properly stored			الار	217		
44	Utensils, equipment & linens:	10		1			
44	properly stored, dried, & handled						
45	Single-use / single-service articles:	P.	- 1		3		
	properly stored & used		_		4	4	_
46	Gloves used properly			2	1		
	Utensils, Equipment and Ven	ding				-	
	Food & non-food contact surfaces			3.			
	cleanable, properly designed, constructed & used		1				

арр	cable COS = corrected on-site during inspecti	on	R=	гере	at v	olati	on
_		-	_		-		
_	Compliance Status	IN	OUT	N/A	N/O	cos	R
48	Warewashing facilities: installed, maintained, & used; test strips	9					
49		T		120	-		
7	Physical Facilities					175	3.65
50	Hot & cold water availables	1		15	3		
1 30	adequate pressure	D.			5		
51	Plumbing installed; proper backflow devices			(3) (4)			
-	Courage & wester water are and			Sec.	3		_
52	disposed				100		
53	Toilet features: properly	175	-	25	: 444		
30	constructed, supplied, & cleaned				2		
54	Garbage & refuse properly	2		뒁	15		
0	disposed; facilities maintained			<u>A</u>			
55	Physical facilities installed,			is			
	maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
100	Additional Requirements listed in 105	CM	R 59	0.0	11		
M1	Anti phalting accordings in food						100
IVI	service establishment						Table .
M2	Food allergy awareness						-3
ELA	Review of Retail Operations listed in 10	5 C	MR !	590.	010		4"
М3	Caterer						1
M4	Mobile Food Operation				\neg		6
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
М7	Residential Kitchen; Bed-and- Breakfast Operation						
М8	Residential Kitchen: Cottage Food Operation						
М9	School Kitchen, UCDA Mutrition						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
	Local Requirements	470		7	·		
L1	Local law or regulation						
	-	-					_

Type of Operation(s):	Type of Inspection:	Other Information:
Food Service Establishment	Routine	. /
☐ Retall Food Store	☐ Re-inspection	of and policy of
☐ Residential: Cottage Foods	☐ Pre-operational	
☐ Residential; Bed &	☐ Iliness investigation	
Breakfast	☐ General complaint	
☐ Mobile/Pushcart	II HACCP	
☐ Temporary Food Estab.	□ Olher	
☐ Other		

L2 Other

Signature of Person-in-Charge:	Date:
Signature of Inspector:	Date:

Form 734A-2 A.M. Sulkin Co. Charlestown, MA

THE COMMONWEALTH OF MASSACHUSETTS

Date Type of Inspection Prod Service Real R	TOWN OR CITY OF	11.5 f		
Date Type of Inspection Prod Service Real R	Massachusetts Department of Public	c Health		
Date	Division of Food and Drugs			
Address Risk Retail Redential Kitchen Red-inspection Red-inspect		I Data	Tuno of Operation(s)	Tune of Increation
Telephone Owner HACCP VIN Hactory Times Temporary Temporar	Mon threat	9/11/17	Food Service	Routine
Mobile Person in Charge (PIC) Permit No. Pre-operation Suspect liness Percoperation Suspect liness Percoperation Suspect liness Permit No.	Merry Gu			
Person in Charge (PIC) Permit No. Caterre General Complain Inspector Out: Permit No. Permit N	Telephone 574-0414	Level	Mobile	Date:
Person in Charge (PIC) Time God & Breakfast General Complain HACCP God And Cold Holding God And Cold Holding God And Cold Holding God Approved Foods God	Owner Color of Consulta	HACCP Y/N		
Inspector	Person in Charge (PIC)		☐ Bed & Breakfast	☐ General Complaint
Violations Related to Foodborne Illness interventions and Risk Factors (Red Items) Violations Related to Foodborne Illness interventions and Risk Factors (Red Items) Violations Related to Foodborne Illness interventions and Risk Factors (Red Items) Violations Related to Foodborne Illness interventions and Risk Factors (Red Items) Violations Related to Foodborne Illness interventions and Risk Factors (Red Items) Violations Related to Foodborne Illness interventions and Risk Factors (Red Items) Alt-Chokeing Spoodbor (Spoodborne) Tobacco Spoodborne Illness interventions and Risk Factors (Red Items) Alt-Chokeing Spoodborne Interventions of Contamination from Hands 12. Prevention of Contamination from Hands 13. Handwash Facilities PROTECTION FROM CHEMICALS 13. Handwash Facilities PROTECTION FROM CHEMICALS 14. Approved Food or Color Additives 15. Toxic Chemicals 15. Toxic Chemicals 15. Toxic Chemicals 15. Toxic Chemicals 16. Cooking Temperatures 17. Reheating 17. Reheating 18. Cooling 19. Hot and Cold Holding 19. Hot and Cold Holding 19. Hot and Cold Holding 10. Proper Adequate Handwashing 11. Good Hyglenic Practices 12. Food and Food Protection 12. Food and Food Protection Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22): 15. Official (C) violations marked must be corrected mimediately or within 90 days as determined by the Board of Health. Non-critical (R) violations must be corrected mimediately or within 90 days as determined by the Board of Health. Non-critical Related to Good Retail Practices (Blue 16. Tags/Robert August Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22): 17. Food and Food Protection (Foodborne) 18. Separation/Segregation/Protection (Foodborne) 19. Food and Food Protection (Foodborne) 19. Food and Food Foodborne Illnesses Interventions	Inspector Supply Supply.		Permit No.	
Violations Related to Foodborne Illness interventions and Risk Factors (Red Items) Section	Each violation checked requires an explanation on the	narrative pag	e(s) and a citation of	
Violations marked may pose an imminent health hazard and require immediate corrective Tobacco Septiments Tobacco Contamination from Hands Tobacco Septiments Tobacco Septiments Tobacco Contamination from Hands Tobacco Con		d Risk Factors	Rad Itams) Auto	•
1. PIC Assigned / Knowledgeable / Duties 13. Handwash Facilities 13. Handwash Facilities 14. Approved Food or Cofor Additives 15. Toxic Chemicals 14. Approved Food or Cofor Additives 15. Toxic Chemicals 16. Cooking Temperatures 16. Cooking Temperatures 17. Reheating 18. Cooling 18. Cooling 18. Cooling 19. Hot and Cold Holding 19. Hot and Co	Violations marked may pose an imminent health hazard and r		e corrective Tobac	co 590.009 (F)
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FORM 734A A.M. SULKIN CO. CHARLESTOWN, MA

THE COMMONWEALTH OF MASSACHUSETTS TOWN OR CITY OF LEOMINSTEE

Massachusetts Department of Public Health

OOD ESTABLISHMENT INSPECTION REPORT				
Name Northwest School	Date 7-9-18	Type of Operation(s) Food Service	Type of inspection Routine	
Address 95 Stearns Ave	Risk	Retail	Ro-inspection	
Telephone	Levei	Residential Kitchen Mobile	Previous Inspection Date:	
Owner	HACCP Y/N	Temporary Caterer	☐ Pre-operation ☐ Suspect lilness	
Person in Charge (PIC) Priscilla Quansah	Time	Bed & Breakfast	General Complaint	
Inspector Marco L. Banaraza	in: Out:	Permit No.	HACCP Other	
Each violation checked requires an explanation on the		e(s) and a citation of	specific provision(s	
riolated.	d Diet. Frances	(Dad Harra)	Non-compliance with:	
Violations Related to Foodborne illness Interventions an Violations marked may pose en imminent heelth hazerd and			thoking 590,009 (E) co 590,009 (F)	
action as determined by the Board of Health.			en Awareness 590,009 (G)	
FOOD PROTECTION MANAGEMENT	☐ 12. Preve	ention of Contamination fro	m Hands	
1. PIC Assigned / Knowledgeable / Duties	☐ 13. Hand	wash Facilities - Mica	e caught in to	
EMPLOYEE HEALTH	PROTECTION	FROM CHEMICALS IN S	torage nom./n	
2. Reporting of Diseases by Food Employee and PiC	☐ 14. Approximately 14. A	oved Food or Color Additive	s other sighs	
3. Personnel with Infections Restricted/Excluded	15. Toxic			
FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source	TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods) □ 16. Cooking Temperatures — Clown バラんナ らんだ □ 17. Reheating Closesナ ナロ いんしく・・n C			
5. Receiving/Condition				
☐ 6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehe	ating <i>C165es4</i> 7	to WAIK-IN CA	
7. Conformance with Approved Procedures/HACCP Plans	🗍 18. Cooli	ng		
PROTECTION FROM CONTAMINATION	☐ 19. Hot a	nd Cold Holding		
8. Separation/Segregation/Protection	20. Time	As a Public Health Control		
9. Food Contact Surfaces Cleaning and Sanitizing		TS FOR HIGHLY SUSCEPTIBLE and Food Preparation for H		
10. Proper Adequate Handwashing		and rood rieparation for i		
11. Good Hygienic Practices	CONSUMER A ☐ 22. Postii	DVISORY ng oi Consumer Advisories	No other is	
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f Health.		tems checked indicate vi derel Food Code. This rep		
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24. Food and Food Protection (FC-3)(590.004)		Board of Heaith. Failure report may result in sus		
25. Equipment and Utensiis (FC-4)(590,005)		tabiishment permit and c		
26. Water, Plumbing and Waste (FC-5)(590.006)	establishme	ent operations. If aggriev	ed by this order, you	
27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008)		t to e hearing. Your reque ted to the Board of Heaitl		
29. Special Regulrements (590.009)		ays of receipt of this orde		
30. Other		E-INSPECTION:		
Inspector's Signature: Worker 11 Bann Print	maroo L	Bans 12 2		
PIC's Signature: Print	Puscella	Dugnach	Page of Pages	

	THE COMMONWEALTH OF MASSACHUSETTS	
TOWN OR CITY OF_	J pominster	

Massachusetts Department of Public	Health	
Division of Food and Drugs		
FOOD ESTABLISHMENT INSPECTION REPORT	,	
Name Morth West School	Date -9-19	Type of Inspection Food Service Type of Inspection Routine
Address 45 Steams Avel	Risk	Retail Re-Inspection Residential Kitchen Previous Inspection
Telephone 978-534-7756	Level	☐ Mobile Date:
Owner	HACCP Y/N	☐ Temporary ☐ Pre-operation ☐ Suspect Illness
Person in Charge (PIC)	Time	☐ Bed & Breakfast ☐ General Complaint ☐ HACCP
Inspector Marco L. Banarus	In: Out:	Permit No. Other
Each violation checked requires an explanation on the	narrative pag	
violated. <u>Violations Related to Foodborne Illness Interventions and</u>	Risk Factors	Non-compliance with:
Violations marked may pose an imminent health hazard and re		
action as determined by the Board of Health.	•	Allergen Awareness 590,009 (Q)
FOOD PROTECTION MANAGEMENT	☐ 12. Prev	ention of Contamination from Hands
1. PIC Assigned / Knowledgeable / Duties	13. Hand	lwash Facilities
EMPLOYEE HEALTH	PROTECTION	FROM CHEMICALS
2. Reporting of Diseases by Food Employee and PIC	☐ 14. Appr	oved Food or Color Additives
3. Personnel with Infections Restricted/Excluded	☐ 15. Toxic	Chemicals
FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source	TIME/TEMPER	RATURE CONTROLS (Potentially Hazardous Foods)
5. Receiving/Condition Fire Insp. Good	☐ 16. Cook	ing Temperatures - Clean fire Suffession rating head's (Sprintelannands) in
6. Tags/Records/Accuracy of Ingredient Statements	□ 17. Rehe	ating head's (sprintelar hands) in
7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Cooli	ing Kitchen.
PROTECTION FROM CONTAMINATION FACILITY CLEAN (2)	☐ 19. Hota	and Cold Holding
□ 8. Separation/Segregation/Protection + ime of insp	2 ☐ 20. Time	As a Public Health Control
9. Food Contact Surfaces Cleaning and Sanitizing		ITS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP) and Food Preparation for HSP
10. Proper Adequate Handwashing Tomp Charks Fro	Time	
☐ 11. Good Hygienic Practices	CONSUMER A	ADVISORY ng of Consumer Advisories 10 1350 25
Violations Related to Good Retail Practices (Blue		
Items) Critical (C) violations marked must be corrected		f Violated Provisions Related
Immediately or within 10 days as determined by the Board		orne Illnesses Interventions Factors (Red Items 1-22):
of Health. Non-critical (N) violations must be corrected		der for Correction: Based on an Inspection
immediately or within 90 days as determined by the Board of Health.		tems checked indicate violations of 105 CMR
C N		deral Food Code. This report, when signed below of Health member or its agent constitutes an
23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004)		Board of Health. Fallure to correct violations
25. Equipment and Utensiis (FC-4)(590,005)		s report may result in suspension or revocation of stablishment permit and cessation of food
26. Water, Plumbing and Waste (FC-5)(590.006)	establishm	ent operations. If aggrieved by this order, you
27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008)		t to a hearing. Your request must be in writing ted to the Board of Health at the above address
29. Special Requirements (590.009)		ays of receipt of this order.
30. Other	DATE OF R	E-INSPECTION:
5		
Inspector's Signature: War L. Dommy Print:	Marco	1. Karhsa II
PIC's Signature: A Deall All Print:	Priscrill	G ()ugn) 9h Page of Pages
FORM 734A A.M. SULKIN CO. CHARLESTOWN, MA	1	

Food Establishment Inspection Report - 0	City/Town of Leom 25ta
Establishment: Northwest Elementry Sc	han/ Date: 6 · /2 · /9 Page 1 of 3
Address: 45 Steams Ave.	Time in: Time out:
Telephone: Permit No.:	Number of Violated Provisions Related
Owner:	to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: X' Hiscilla (Duansah	Number of Repeat Violations Related
Inspector: Marco Z. Barry	to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
FOODBORNE ILLNESS KISK FACTORS	AND PUBLIC HEALTH INTERVENTIONS
IN = in compliance OUT= out of compliance N/O = not observed N/A = no	
	The state of the s
Compliance Status IN OUT NIA NIO COS R	Compliance Status IN DUT N/A N/O COS R
Supervision	Protection from Contamination
Person-in-charge present, demonstrates knowledge, and performs duties	15 Food separated and protected 16 Food-contact surfaces; cleaned &
2 Certified Food Protection Manager	sanitized
Employee Health	Proper disposition of returned,
Management, food employee and conditional employee; knowledge,	17 previously served, reconditioned & unsafe food
responsibilities and reporting	Time/Temperature Control for Safety
4 Proper use of restriction and exclusion	18 Proper cooking time & temperatures
Procedures for responding to vomiting and diarrheal events	Proper reheating procedures for hot holding
Good Hygienic Practices	20 Proper cooling time and temperature
Proper eating, tasting, drinking, or tobacco use	21 Proper hot holding temperature
No discharge from eyes, nose, and	22 Proper cold holding temperature
7 mouth	23 Proper date marking and disposition
Preventing Contamination by Hands	24 Time as a Public Health Control
8 Hands clean & properly washed	Consumer Advisory
No bare hand contact with ready-to-eat food	Consumer advisory provided for raw / undercooked food
Adequate handwashing sinks properly	Highiy Susceptible Populations
supplied and accessible	Pasteurized foods used; prohibited foods not offered
Approved Source	Food/Color Additives and Toxic Substances
11 Food obtained from approved source	Food additives: approved & properly
12 Food received at proper temperature	27 used
Food received in good condition, safe, & unadulterated	Toxic substances properly identified, stored & used
Required records available: shellstock	Conformance with Approved Procedures
tags, parasite destruction	Compliance with variance / specialized process / HACCP Plan
Official Order for Correction: Based on an inspection today, the iter applicable sections of the 2013 FDA Food Code. This report, when s an order of the Board of Health. Failure to correct violations cited in the establishment permit and cessation of food establishment operations, renewal pursuant to 105 CMR 590.000 you may request a hearing be Date of Reinspection: Discussion with Person-in-Charge: All temp Checks All temp Checks Signature of Person-in-Charge:	signed below by a Board of Health member or its agent constitutes this report may result in suspension or revocation of the food. If you are subject to a notice of suspension, revocation, or non-efore the board of health in accordance with 105 CMR 590.015(B).
Signature of Inspector: Work & Bonyn	Date: 6 - 12 - 19

Establishment: Northwest School Date: 6-/2-/9 Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = In compliance OUT= out of compliance N/O = not observed N/A = not epplicable COS = corrected on-site during Inspection R = repeat violation

	Compliance Status	IN	DUT	NI/A	LNIA	cos	R
40	Safe Food and Water	IN	001	NAM	IVIO	LUS	F. 10
-		1 445		200	V III		1.17
30	Pasteurized eggs used where required						
31	Water & ice from approved source		14	4			
32	Variance obtained for specialized processing methods						
	Food Temperature Contr	ol	7				
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used			-)			
36	Thermometers provided & accurate	攌			į.		
	Food Identification						
37	Food properly labeled; original container						
	Prevention of Food Contamir	atic	n.			Y T	1
38	Insects, rodents, & animals not present	() ()					
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness				1,5		
41	Wiping cloths: properly used & stored			13.	1		
42	Washing fruits & vegetables				1		
	Proper Use of Utensils						
43	In-use utensils properly stored	_2		0.4	30		
44	Utensils, equipment & linens: properly stored, dried, & handled	3					
45	Single-use / single-service articles: properly stored & used			1			
46	Gloves used properly			10	1		
	Utensils, Equipment and Ven	ding	34.7			47.	
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used			36			

pplic	cable COS = corrected on-site during Inspecti	on	R =	repe	at v	olati	on
	Compliance Status	IN	QUT	N/A	N/O	cos	R
48	Warewashing facilities: installed, maintained, & used; test strips				1		
49	Non-food contact surfaces clean			8			
1	Physical Facilities		101			RE	6
50	Hot & cold water available; adequate pressure	1			Spanie		
51	Plumbing installed; proper backflow devices			8			
52	Sewage & waste water properly disposed			4	100		
53	Toilet features: properly constructed, supplied, & cleaned			1			
54	Garbage & refuse properly disposed; facilities maintained			200	-		
5 5	Physical facilities installed, maintained, & clean			Samo P	1		
56	Adequate ventilation & lighting; designated areas used			3	1		
N	Additional Requirements listed in 105	CM	R 59	0,0	11	E5	13
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
11	Review of Retail Operations listed in 10)5 C	MR:	59ú.	010	15.	
МЗ	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and- Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
М9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
N.	Local Requirements	1718			95	301	
L1	Local law or regulation						
		_					

Type of Operation(s):	Type-of Inspection:	Other Information:	
Food Service Establishment	Routine		
Retail Food Store	☐ Re-inspection	School - Elementry	
☐ Residential: Cottage Foods	□ Pre-operetionel	Je do l'Estationing	
☐ Residential; Bed &	□ Illness investigation	(
Breakfast	☐ General complaint		
☐ Mobile/Pushcart	☐ HACCP		
☐ Temporary Food Estab.	☐ Other		
☐ Other			

L2 Other

Signature of Person-in-Charges Date: 6-2-19
Signature of Inspector: Date: 6-12-19

Food Establishment Inspection Report - City/Town of Leominates

Establishment: North west Elementry Date: 6-12-19 Page 3 of 3

		Temperature Obs	ervations		
Item / Location	Temp (°F)	Item / Location	Temp (°F)	item / Location	Temp (°F

		Observations and/or Corrective Actions	199
	Violations cited	in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Fo	ood Code
item Number	Section of Code	Description of Violation	Date to Correct By
		-please repair light shidd a	
		prep sink	
-		- Clean CACINGLOC hoads	
		Crewn sprinkley heads.	
		- Please repair light shidd @ Prep Sink - Clean sprinkler heads. - Repair Walk-in Merzer threshold.	
		threshald.	
	_		
_			

Signature of Person-in-Charge:	Date: 6-12-19
Signature of Inspector: Works 2. Bomby	Date: 6-12-19
Form 73/18 AM Sulkin Co. Charlectown MA	

		-
TOWN OR CITY OF	Longith Al	for-
TOWN OR CITE OF	1 2 1 40/A NY	A

Massachusetts Department of Public Health

Division of Food and Drugs	
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FOOD ESTABLISHMENT INSPECTION REPORT	,	1	
Name	Date	Type of Operation(s)	Type of Inspection Routine
Address	Risk	Food Service	Re-inspection
Telephone Page 471	Level	Residential Kitchen	Previous Inspection
Owner	HACCP Y/N	│	Date:
(1 y bt howaste	1	Caterer Bed & Breakfast	Suspect Illness
Person In Charge (PIC)	Time In:	Bed & Breakfast	General Complaint HACCP
Inspector Sanh Jantell.	Out:	Permit No.	Other
Each violation checked requires an explanation on the violated. Violations Related to Foodborne Illness Interventions and Violations marked may pose an Imminent health hazard and re	Risk Factors	(Red Items) Anti-Cite corrective Tobac	Non-compliance with: Choking 590.009 (E) 590.009 (F)
action as determined by the Board of Health.		Allerg	(en Awareness 590.009 (G)
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties		ention of Contamination fro wash Facilities	m Hands
EMPLOYEE HEALTH	PROTECTION	FROM CHEMICALS	
2. Reporting of Diseases by Food Employee and PIC	☐ 14. Approx	oved Food or Color Additive	s
3. Personnel with Infections Restricted/Excluded	☐ 15. Toxic		
FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source	TIME/TEMPER	RATURE CONTROLS (Potentia	ally Hazardous Foods)
5. Receiving/Condition	☐ 16. Cook	ing Temperatures	
Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehe	ating	
☐ 7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Cooii	ng	
PROTECTION FROM CONTAMINATION	🔲 19. Hot a	nd Cold Holding	
☐ 8. Separation/Segregation/Protection	🔲 20. Time	As a Public Health Control	
9. Food Contact Surfaces Cleaning and SanItizing		TS FOR HIGHLY SUSCEPTIBL	
☐ 10. Proper Adequate Handwashing	21. Food	and Food Preparation for H	125
☐ 11. Good Hygienic Practices	CONSUMER A	DVISORY ng of Consumer Advisories	
Violations Related to Good Retall Practices (Blue	Number of	Violated Provisions Re	elated
Items) Critical (C) violations marked must be corrected	To Foodbo	rne Illnesses Intervent	ions
Immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected		actors (Red Items 1-22	
immediately or within 90 days as determined by the Board		der for Correction: Base tems checked Indicate vi	
of Health.	590.000/Fed	ieral Food Code. This rep	oort, when signed below
23. Management and Personnel (FC-2)(590.003)	•	of Health member or its a Board of Health, Fallure	-
24. Food and Food Protection (FC-3)(590.004)		report may result in sus	
25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006)		tablishment permit and c	
27. Physical Facility (FC-6)(590.007)		ent operations. If aggrieve t to a hearing. Your reque	
28. Poisonous or Toxic Materials (FC-7)(590.008)	and submit	ted to the Board of Health	n at the above address
29. Special Requirements (590.009) 30. Other		ays of recelpt of this orde <u>E-INSPECTION</u> :	or.
Inspector's Signature: Printer	Trocke.	Itasclori	
PIC's Signature: Print:	Mil	To enderi	Page of Pages

TOWN OR CITY OF Leonins 1.

Massachusetts Department of Public Health

Division of Food and Drugs FOOD ESTABLISHMENT INSPECTION REPORT			
Name	Date /	Type of Operation(s)	Type of Inspection
Address //	<i>3/31/17</i> Risk	Food Service Retail	Routine Re-inspection
Telephone 3/4	Level	Residential Kitchen	Previous Inspection
Owner	HACCP Y/N	Mobile Temporary	Date: Pre-operation
Person In Charge (PIC)	Time	Caterer Bed & Breakfast	Suspect Illness General Complaint
	In:		HACCP
Inspector State of South State of So	Out:	Permit No.	Other
Each violation checked requires an explanation on the violated.	narrative pag	e(s) and a citation of	Non-compliance with:
Violations Related to Foodborne Illness Interventions and			hoking 590.009 (E)
Violations marked may pose an imminent health hazard and reaction as determined by the Board of Health.	equire immediat	te Corrective Tobaco Allerge	590.009 (F) en Awareness 590.009 (G)
FOOD PROTECTION MANAGEMENT	☐ 12. Preve	ention of Contamination from	n Hands
PIC Assigned / Knowledgeable / Duties	🗌 13. Hand	wash Facilities	
EMPLOYEE HEALTH 2. Reporting of Diseases by Food Employee and PIC	PROTECTION	FROM CHEMICALS	
Reporting of Diseases by Food Employee and Fig. Reporting of Diseases by Food Employee and Fig. Reporting of Diseases by Food Employee and Fig.	☐ 14. Approx	oved Food or Color Additives	•
FOOD FROM APPROVED SOURCE	☐ 15. Toxic	Chemicals	
☐ 4. Food and Water from Approved Source	TIME/TEMPER	RATURE CONTROLS (Potential	lly Hazardous Foods)
☐ 5. Receiving/Condition		ing Temperatures	The Forward
☐ 6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehe		ali'
☐ 7. Conformance with Approved Procedures/HACCP Plans	18. Cooll		Kr. 11-8 10-3 -
PROTECTION FROM CONTAMINATION			(/
☐ 8. Separation/Segregation/Protection	_	As a Pubilc Health Control	
☐ 9. Food Contact Surfaces Cleaning and Sanitizing		TS FOR HIGHLY SUSCEPTIBLE and Food Preparation for HS	
☐ 10. Proper Adequate Handwashing		•	
☐ 11. Good Hygienic Practices	CONSUMER A	ng of Consumer Advisories	
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected Immediately or within 10 days as determined by the Board	To Foodbo	Violated Provisions Re orne Illnesses Interventi factors (Red Items 1-22)	ons /
of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board		der for Correction: Base	
of Health.		tems checked Indicate vio deral Food Code. This rep	
C N 23. Management and Personnel (FC-2)(590.003)		of Health member or its a	
24. Food and Food Protection (FC-3)(590.004)		e Board of Health. Failure is report may resuit in susp	
25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006)		tablishment permit and co	
27. Physical Facility (FC-6)(590.007)		ent operations. If aggrieve t to a hearing. Your reques	
28. Polsonous or Toxic Materials (FC-7)(590.008)	and submit	ted to the Board of Health	at the above address
29. Special Requirements (590.009) 30. Other		ays of receipt of this order E-INSPECTION:	г.
Inspector's Signature: Print:	7		
PIC's Signature Print:	arey	Emby	Page Pages
FORM 734A AM. SULKIN CO. CHARLESTOWN, MA			

TOWN OR CITY OF	TH OF MASSAC	HUSETTS			
Massachusetts Department of Publi Division of Food and Drugs FOOD ESTABLISHMENT INSPECTION REPORT	ic Health	98 CY-	7003 x 200		
Name /	Date	Type of Operation(s)	Type of Inspection Routine		
Address	Risk	Food Service Retail	Re-Inspection		
Telephone	Level	Residential Kitchen	Previous Inspection Date:		
Owner	HACCP Y/N	Temporary	Pre-operation		
Person in Charge (PiC)	Time	Caterer Bed & Breakfast	Suspect Illness General Complaint		
Inspector	In: Out:	Permit No.	HACCP Other		
Each violation checked requires an explanation on the violated. Violations Related to Foodborne Iliness Interventions an Violations marked may pose an imminent health hazard and action as determined by the Board of Health.	nd Risk Factors	(Red Items) Anti-Corrective Tobac	Non-compliance with: Choking 590,009 (E)		
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties		ention of Contamination fro			
EMPLOYEE HEALTH	PROTECTION	FROM CHEMICALS			
2. Reporting of Diseases by Food Employee and PIC	☐ 14. Approved Food or Color Additives				
3. Personnel with Infections Restricted/Excluded	☐ 15. Toxic Chemicals				
FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source	TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)				
5. Receiving/Condition	☐ 16. Cooking Temperatures				
6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehe	44	No- Seal ary		
7. Conformance with Approved Procedures/HACCP Plans	18. Cooli	ing	a wanting		
PROTECTION FROM CONTAMINATION	🗋 19. Hot a	ina com nomina			
8. Separation/Segregation/Protection	☐ 20. Time	As a Public Health Control	El Style		
 9. Food Contact Surfaces Cleaning and Sanitizing 10. Proper Adequate Handwashing 	REQUIREMEN 21. Food	ITS FOR HIGHLY SUSCEPTIBL and Food Preparation for H	LE POPULATIONS (HSP) ISP		
☐ 11. Good Hygienic Practices	CONSUMER A	ADVISORY ng of Consumer Advisories			
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected Immediately or within 90 days as determined by the Board of Health. 23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009) 30. Other	To Foodboand Risk F Official Ord today, the in 590.000/Fed by a Board order of the cited in this the food est establishme have a right and submitt within 10 da	f Violated Provisions Reprine Illnesses Interventifactors (Red Items 1-22 der for Correction: Base tems checked indicate videral Food Code. This report Health member or Its as Board of Health. Failures report may result in sustablishment permit and cent operations. If aggrieve to a hearing. Your requested to the Board of Health ays of receipt of this ordes.	ions): ed on an inspection olations of 105 CMR bort, when signed below agent constitutes an to correct violations spension or revocation of essation of food ed by this order, you est must be in writing h at the above address		
Inspector's Signature:					

Inspector's Signa	ture: / - / / / 1. //)	Print:	
PIC's Signature:	more lemales	Print: 1500 / 150501	Pageof/Pages

Food Establishment Inspect	ion R	eport –	City	/Town	of Leominst	ter	
Establishment: Priest St. School				Date: 3 - 19 - 19	Page 1 c	of 2	
Address: 115 Priest St.					Time in: Time	out:	
Telephone: Permit No.:					Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):		
Owner:							
Person-in-charge:					Number of Repeat Violations F to Foodborne Illness Risk F		
Inspector: Marco I. Bangran					and Interventions (Items 1 throu		
			S AND	PUBLIC	HEALTH INTERVENTIONS		-00
IN = in compliance OUT= out of compliance N/O	= not obse	erved N/A = r	not appl	icable CO	S = corrected on-site during inspection	n R = repeat	violation
Compliance Status	IN OUT N	IA N/D COS R			Compliance Status	IN DUT N/A	N/O COS I
Supervision					Protection from Contaminati		
Person-in-charge present, demonstrates	6		15	Food sep	parated and protected		
knowledge, and performs duties			16	Food-cor	ntact surfaces; cleaned &		133
2 Certified Food Protection Manager		-4		sanitized			
Employee Health					isposition of returned,	(2.3)	1
Management, food employee and conditional employee; knowledge,				unsafe fo	ly served, reconditioned &		1
responsibilities and reporting			()		Time/Temperature Control for S	afety	
4 Proper use of restriction and exclusion			18	Proper co	ooking time & temperatures		
5 Procedures for responding to vomiting	3		19	Proper re	eheating procedures for hot		
and diarrheal events				nolaing			
Good Hyglenic Practices	THE				poling time and temperature		
Proper eating, tasting, drinking, or tobacco use	0				ot holding temperature		\perp
7 No discharge from eyes, nose, and					old holding temperature		\rightarrow
mouth			_		ate marking and disposition a Public Health Control		
Preventing Contamination by Hands				Time as a	Consumer Advisory		0,
8 Hands clean & properly washed			0.5	Consume	er advisory provided for raw /		
No bare hand contact with ready-to-eat food			25	undercoo	ked food		
Adequate handwashing sinks properly			Highly Susceptible Populations				
supplied and accessible				not offere	ed foods used; prohibited food	IS	
Approved Source					ood/Color Additives and Toxic Sub	ostances	
11 Food obtained from approved source		1 600		Food add	litives: approved & properly		
12 Food received at proper temperature 13 Food received in good condition, safe, &			21	used			
unadulterated	1		28	roxic sub stored & i	ostances properly identified, used		200
Required records available: shellstock tags, parasite destruction					Conformance with Approved Proc	edures	
lags, barasic destruction			29	Complian	ice with variance / specialized HACCP Plan		
0611-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		1 - 1 - 11 - 21				5 500 000	
Official Order for Correction: Based on an in applicable sections of the 2013 FDA Food Coc							
an order of the Board of Health. Failure to cor	rect viola	tions cited in	n this re	eport may i	result in suspension or revocation	of the food	
establishment permit and cessation of food est renewal pursuant to 105 CMR 590.000 you ma	abiisnme av redues	ent operation et a hearing b	is. It yo before	ou are sub the board	gect to a notice of suspension, revolved to a notice of suspension, rev	/ocation, or r CMR 590.01	лоп- .5(В).
							-(-).
Date of Reinspection: Discussion with Pe	:190(1-IU-	Gnarge:					
Signature of Person-in-Charge:	11	a.a.			Date	: 3-19	19
Signature of Inspector:	1/2	mrz-			Date	3-19.	19
Form 734A-1 A.M. Sulkin Co., Charlestown,	, MA	L. L.					

Food Establishment Inspection Report - City/Town of Leominster Establishment: 🖁 School Page 2 of A GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation IN OUT N/A N/O COS R Compliance Status Compliance Status IN OUT NIA NIO COS R Safe Food and Water Warewashing facilities: installed, maintained, & used; test strips Pasteurized eggs used where required 49 Non-food contact surfaces clean 31 Water & ice from approved source **Physical Facilitles** Variance obtained for specialized Hot & cold water available; processing methods adequate pressure **Food Temperature Control** Plumbing installed; proper backflow devices Proper cooling methods used: 33 adequate equipment for Sewage & waste water properly temperature control disposed Plant food properly cooked for hot Toilet features: properly holding constructed, supplied, & cleaned 35 Approved thawing methods used Garbage & refuse properly 36 Thermometers provided & accurate disposed, facilities maintained Physical facilities installed. Food Identification maintained, & clean Food properly labeled; original Adequate ventilation & lighting; lcontainer. designated areas used **Prevention of Food Contamination** Additional Requirements listed in 105 CMR 590,011 Insects, rodents, & animals not Anti-choking procedures in food present service establishment Contamination prevented during M2 Food allergy awareness 39 food preparation, storage and display Review of Retall Operations listed In 105 CMR 590,010 40 Personal cleanliness M3 Caterer Wiping cloths: properly used & M4 Mobile Food Operation 41 stored M5 Temporary Food Establishment 42 Washing fruits & vegetables M6 Public Market; Farmers Market Proper Use of Utensils Residential Kitchen; Bed-and-43 In-use utensils properly stored Breakfast Operation Utensils, equipment & linens: Residential Kitchen: Cottage Food properly stored, dried, & handled Operation Single-use / single-service articles: School Kitchen; USDA Nutrition properly stored & used Program 46 Gloves used properly M10 Leased Commercial Kitchen M11 Innovative Operation Utensils, Equipment and Vending Food & non-food contact surfaces Local Requirements cleanable, properly designed. L1 Local law or regulation constructed & used L2 Other Other Information: - Replace Ceiling tile @ Sink/ Microwave. - New door sweep, rear door. Type of Operation(s): Type of Inspection: Eood Service Establishment Routine I Re-Inspection ☐ Relail Food Store ☐ Residential: Cottage Foods □ Pre-operational ☐ Residential; Bed & ☐ Illness investigation Breakfast ☐ General complaint ☐ Mobile/Pushcart ☐ HACCP ☐ Temporary Food Estab, □ Other Schoo Other Signature of Person-in-Charge:

Signature of Inspector: Para L. Jamyn Date: 3-19.19

Form 734A-2 A.M. Sulkin Co., Charlestown, MA

NWOT	OR	CITY	OF	- 12 MI, 0	

Massac	husetts	Department	of Public	Health
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FOOD ESTABLISHMENT INSDECTION DEDODT

Division of Food and Drugs

1 OOD LOTABLE	STIMENT INSPECTION REPORT			
Name	14 100 ps 20 00 00	Date /	Type of Operation(s) Food Service	Type of Inspection
Address		Risk	Retail Residential Kitchen	Re-inspection/4///
Telephone		Level	Mobile Mobile	Previous Inspection Date:

Address	1-	25/	Risk	∐ Retail	Re-inspection/
T	-	L'a.	Levei	Residential Kltchen	Previous Inspection
Telephone				☐ Mobile	Date:
Owner	2 4	Alexander	HACCP Y/N	Temporary Caterer	Pre-operation Suspect Illness
Person in Charge (PIC)	1.50		Time	Bed & Breakfast	General Complaint
Inspector	por maneral	Sant Ille	In: Out:	Permit No.	Other
- 1 1 4 44 4 4					

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated. Non-compliance with:

Violations Related to Foodborne lilness interventions and Risk Factors (Red Items) Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking 590.009 (E) 590.009 (F) Tobacco Allergen Awareness 590.009 (Q)

		ROTECTION MANAGEMENT PIC Assigned / Knowledgeable / Duties
EMI	PLO	/EE HEALTH
	2.	Reporting of Diseases by Food Employee and PIC
	3.	Personnel with Infections Restricted/Excluded
		ROM APPROVED SOURCE Food and Water from Approved Source
	5 .	Receiving/Condition
	6	Tags/Records/Accuracy of Ingradient Statements

s/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

■ 12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

■ 14. Approved Food or Color Additives

■ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

■ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

Number of Violated Provisions Related

To Foodborne Illnesses Interventions

and Risk Factors (Red Items 1-22):

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violetions must be corrected immediately or within 90 days as determined by the Board of Health. CN

23. Management and Personnel (FC-2)(590,003) 24. Food and Food Protection (FC-3)(590,004) 25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590,006) 27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

29. Special Requirements 30. Other

(590.009)

Official Order for Correction: Based on an Inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Heelth member or its egent constitutes an order of the Board of Health. Feijure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing end submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: Print: PIC's Signature: Print: Page __of __Pages

TOWN OR CITY OF <u>Learningter</u>

Massachusetts Department of Public Health

Massachuseus Department of	rubiic neaith
Division of Food and Drugs	
ECOD ESTABLISHMENT INSPECTION BEDG	DT

FOOD ESTABLISHMENT INSPECTION REPORT			
Name Samoset	Date 5-16-18	Type of Operation(s) Food Service	Type of Inspection Routine
Address Décisco	Risk	∐ Retail	Re-inspection
Telephone	Level	Residential Kltchen Mobile	Previous Inspection Date:
	HACCP Y/N	Temporary	Pre-operation
Owner		Caterer	Suspect Illness
Person In Charge (PIC)	Time In:	Bed & Breakfast	General Complaint HACCP
Inspector Marco L. Bangraw	Out:	Permit No.	Other
Each violation checked requires an explanation on the	narrative pag	je(s) and a citation of	
violated. <u>Violations Related to Foodborne Illness Interventions and</u>	Risk Factors	(Rad Itams)	Non-compliance with:
Violations marked may pose an imminent health hazard and reaction as determined by the Board of Health.		te corrective Tobac	thoking 590,009 (E) (co 590,009 (F) (en Awareness 590,009 (G)
FOOD PROTECTION MANAGEMENT	☐ 12. Preve	ention of Contamination fro	m Hands
1. PIC Assigned / Knowledgeable / Duties	☐ 13. Hand	Iwash Facilities -Squ	hole in wall @
EMPLOYEE HEALTH	PROTECTION	FROM CHEMICALS	washer plumbia
■ 2. Reporting of Diseases by Food Employee and PIC	14 Annr	oved Food or Color Additive	٠
3. Personnel with Infections Restricted/Excluded			
FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source	TIME/TEMPER	Chemicals Trix buc RATURE CONTROLS (Polentia	@ 19/20 table.
5. Receiving/Condition	☐ 16. Cook	ing Temperatures — CIE ating behind ket	an Floor & Pies
Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehe	ating behind ket	HP UNHS/ALL
	☐ 18. Cooli	ina	. Com your
7. Conformance with Approved Procedures/HACCP Plans		and Cold Holding	
PROTECTION FROM CONTAMINATION	_	As a Public Health Control	
8. Separation/Segregation/Protection			F DODLE ATIONS HED.
9. Food Contact Surfaces Cleaning and Sanitizing		ITS FOR HIGHLY SUSCEPTIBE and Food Preparation for H	
☐ 10. Proper Adequate Handwashing			
☐ 11. Good Hygienic Practices	CONSUMER A	NDVISORY ng of Consumer Advisories	
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27. Physical Facility (FC-6)(590.007)		t to a hearing. Your reque	
28. Polsonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009)		ited to the Board of Healtl ays of receipt of this orde	
30. Other		E-INSPECTION;	/I.
Inspector's Signature: Marco 1. Barry Print:	Marcon	Bang/a=/	
W 11 /	W 01.		

Though I say in	- William Com Danala	
PIC's Signature	Print: Tathern Scuro	Page Lof L Pages
FORM 734A A M SULKIN CO CHARLESTOWN MA		

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY	OF_	Icaminster

Address CCCCO CO CO CO CO CO CO	
Address	Type of Inspection
Telephone Owner Person in Charge (PIC) Inspector Out: Permit No. Each violation checked requires an explanation on the narrative page(s) and a citation of sivolated. Violations Related to Foodborne illness Interventions and Risk Factors (Red items) Violations merked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health. FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Dutles EMPLOYEE HEALTH 2. Reporting of Diseases by Food Employee and PIC 3. Personnel with Infections Restricted/Excluded FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source 5. Receiving/Condition 6. Tags/Records/Accuracy of Ingredient Statements 7. Conformance with Approved Procedures/HACCP Plans PROTECTION FROM CONTAMINATION 8. Separation/Segregation/Protection 9. Food Contact Surfaces Cleaning and Sanitizing 10. Proper Adequate Handwashing 11. Good Hygienic Practices Number of Violated Provisions Related to Good Retail Practices (Blue) Number of Violated Provisions Related to Food provisions Related to Food Retail Practices (Blue) Residential Mobile Temporary Caterer Bed & Breakfast in: Temporary Caterer Bed & Breakfast In: Out: Permit No. Permit N	Routine
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Immediately or within 10 days as determined by the Board and Risk Factors (Red items 1-22):	
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23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004)	
25. Equipment and Utensils (FC-4)(590.005) the food establishment permit and cer	
26. Water, Plumbing and Waste (FC-5)(590.006) establishment operations. if aggrieved	l by this order, you
27. Physical Facility (FC-6)(590.007) have a right to a hearing. Your request 28. Poisonous or Toxic Materials (FC-7)(590.008) and submitted to the Board of Health	
29. Special Requirements (590.009) within 10 days of receipt of this order.	
30. Other DATE OF RE-INSPECTION:	

Print:

_Pages

PIC's Signature:

FORM 734A AM. SULKIN CO. CHARLESTOWN, MA

Establishment: Samoset Sc	hanl			Date: 6	5-19	Pag	e 1 o	of 3
				Time in:	Time o			
100 1000	rmit No.:				olated Provisions R			
Owner:	111111111111111111111111111111111111111			to Food	borne Illness Risk F	actors		
W// 1	C-			1	ions (Items 1 throug			
Person-in-charge:	· () ICU	10			Repeat Violations Re Jorne Illness Risk F			
Inspector: // horce 2 /3	angra:	2,			ions (Items 1 throug			
FOODBORNE ILLNES								
IN = in compliance OUT= out of compliance N/O	= not observed	N/A = not	applicable CO	S = corrected on	-site during Inspection	. R = re	epeat	vlolatio
Compliance Status	IN OUT N/A N/O C	os R		Compliance	 Status	IN OL	JT N/A IT	N/O COS
Supervision	<u> </u>				n from Contaminatio	n		
Person-in-charge present, demonstrate:	3		15 Food sep	parated and p	rotected			
knowledge, and performs duties		\Box		ntact surfaces	; cleaned &		2	74
2 Certified Food Protection Manager	10		sanitized				100	4
Employee Health				isposition of r ly served, rec			100	
Management, food employee and conditional employee; knowledge,	3		unsafe fo		onditioned &		100	
responsibilities and reporting	y 10 3				rature Control for Sa	fety	- ا	1
4 Proper use of restriction and exclusion			18 Proper co	ooking time &	temperatures			
Procedures for responding to vomiting and diarrheal events	1		19 Proper re	eheating proc	edures for hot			
Good Hyglenic Practices			20 Proper co	ooling time ar	nd temperature			
Proper eating, tasting, drinking, or	15.		21 Proper h	ot holding ten	nperature			
tobacco use	De ed		22 Proper co	old holding te	mperature			
No discharge from eyes, nose, and mouth			-		nd disposition			
Preventing Contamination by Ha	nds		24 Time as	a Public Heal			\perp	
8 Hands clean & properly washed			lo.		sumer Advisory			
No bare hand contact with ready-to-eat food			25 undercoc	ked food	ovided for raw /			2 t
Adequate handwashing sinks properly	1 7/		Destaurie		sceptible Population		1	
supplied and accessible			not offere	zea 100as use ed	d; prohibited food	5		
Approved Source					tives and Toxic Sub	stance	s	NA.
1 Food obtained from approved source	(- 4y				ed & properly	TT	1	. 0
2 Food received at proper temperature 3 Food received in good condition, safe, &	+ -	+	usea					
unadulterated			28 Toxic substored &	ostances prop used	erly identified,			9
Required records available: shellstock tags, parasite destruction					with Approved Proce	dures	15	
tags, parasite destruction						TT		7
			process /	HACCP Plan	nce / specialized			
Official Order for Correction: Based on an inapplicable sections of the 2013 FDA Food Correction of the Board of Health. Failure to correstablishment permit and cessation of food es renewal pursuant to 105 CMR 590.000 you may	de. This report rect violations tablishment op ay request a he	, when si cited in ti erations. earing be	ns marked "Ol igned below by his report may If you are sub	JT" indicated vi a Board of He result in suspe	olations of 105 CMF ealth member or its a nsion or revocation of suspension, revo	agent of of the ocation	consti food n, or r	itutes non-
Date of Reinspection: Discussion with Pe	erson-In-Char	ge: 56	ee pg.	3.				

Form 734A-1 A.M. Sulkin Co., Charlestown, MA

Establishment: Samoset School

Date: 6-5-19

Page 2 of Solution

IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

	Compliance Status	IN	OUT	N∕A	N/O	cos	R
10	Safe Food and Water		25		5	140	
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods				ay.		
	Food Temperature Contr	ol					121
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate	124					
	Food Identification	•					16
37	Food properly labeled; original container						
	Prevention of Food Contamir	natic	n				
38	insects, rodents, & animals not present	party.			2		
39	Contamination prevented during food preparation, storage and display	3			Section 1		
40	Personal cleanliness	1 3			-6		
41	Wiping cloths: properly used & stored				1		
42	Washing fruits & vegetables				f		
	Proper Use of Utensils		Daller Marie				
43	In-use utensils properly stored	1					
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used			2000	1		
46	Gloves used properly	U			3		
	Utensils, Equipment and Ven	ding	1				
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used	N			No way		

Form 734A-2 A.M. Sulkin Co., Charlestown, MA

аррік	cable COS = corrected on-site during inspecti	on	K =	repe	at v	olati	on
	Compliance Status	IN	OUT	N/A	NIO	cos	R
48	Warewashing facilities: installed, maintained, & used; test strips	5		1			
49	Non-food contact surfaces clean	3		5	2		
1	Physical Facilities		1			The state of	2 4
50	Hot & cold water available; adequate pressure	1		ेत <u>्</u>			
51	Plumbing installed; proper backflow devices		Z		N. J.		
52	Sewage & waste water properly disposed			4	1.5		
53	Tollet features: properly constructed, supplied, & cleaned	1000			os d'ac		
54	Garbage & refuse properly disposed; facilities maintained				CONTES.		
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
	Additional Requirements listed in 105	CN	IR 59	0.0	11		
M1	Anti-choking procedures in food service establishment						
M2	Food aliergy awareness						
A	Review of Retail Operations listed in 10)5 C	MR.	590.	010		
МЗ	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
-	Public Market; Farmers Market						_
М7	Residential Kitchen; Bed-and- Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation					\exists	
М9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen					\neg	
M11	Innovative Operation						
	Local Requirements						ı
L1	Local law or regulation						
_	Other					7	
			\rightarrow	_	_		

constructed & used		L2 Other	
Type of Operation(s):	Type of Inspection:	Other Information:	
Food Service Establishment Retail Food Store	Rouline	School	
☐ Retall Food Store	☐ Re-inspection	7600(
☐ Residential: Cottage Foods	☐ Pre-operational		
☐ Residential; Bed &	☐ Illness Investigation		
Breakfast	☐ General complaint		
☐ Mobile/Pushcart	☐ HACCP		
☐ Temporary Food Estab.	☐ Other		
☐ Other			
Signature of Person-In-Charg	18:	\times /	Date: 6-5-19
Signature of Inspector:	22 1 / 1	21 4	Date: / - / 19

Food Establishment Inspection Report - City/Town of <u>Jeominster</u>

Establishment: <u>Samoset School</u>

Date: 6-5-19 Page 3 of 3

Temperature Observations								
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F			

		Observations and/or Corrective Actions	
14	Violations cited	In this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food	Code
Item Number_	Section of Code	Description of Violation	Date to Correct By
		- Fix leak at left hand side	
		food prepsink, Coupling on back	
		side drain	
		- Fix door cover on non a door	
		to dunicited not constitute on	
		- Fix door sweep on rear door to dumpster pad small gap on lower hindge side of door.	
		to All James a hart of	
		+ All temp checks good + All Sonitizer Checks good	
		+ AN SWALLZER CHECKS GOOD	
			NIA
			11/11

Signature of Person-in-Charge:

Date: 6-5

Signature of Inspector:

Form 734B A.M. Sulkin Co., Charlestown, MA

Date: 6-5-

TOWN OR CITY OF ______

Massachusetts Department of Public Health Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT			
Name - 1 Agreement	Date	Type of Operation(s) Food Service	Type of Inspection Routine
Address	Risk	Retail	Re-inspection
Telephone	Level	Residential Kitchen Mobile	Previous Inspection Date:
Owner	HACCP Y/N	Temporary Caterer	Pre-operation Suspect lilness
Person in Charge (PIC)	Time	☐ Bed & Breakfast	General Complaint
Inspector	in: Out:	Permit No.	HACCP Other
Each violation checked requires an explanation on the violated.	narrative pag	ge(s) and a citation of	specific provision(s) Non-compliance with:
Violations Related to Foodborne Illness Interventions and			hoking 590,009 (E)
Violations marked may pose an imminent health hazard and reaction as determined by the Board of Health.	equire immedia	te corrective Tobacc Allerge	co 590.009 (F) [en Awareness 590.009 (G) [
FOOD PROTECTION MANAGEMENT	☐ 12. Prev	ention of Contamination from	n Hands
1. PIC Assigned / Knowledgeable / Duties	☐ 13. Hand	lwash FacIlities	
EMPLOYEE HEALTH	PROTECTION	FROM CHEMICALS	
Reporting of Diseases by Food Employee and PIC	☐ 14. Apprenticular ☐ 14. Apprenticul	oved Food or Color Additives	5
Personnel with Infections Restricted/Excluded FOOD FROM APPROVED SOURCE	☐ 15. Toxic	: Chemicals	
4. Food and Water from Approved Source	TIME/TEMPER	RATURE CONTROLS (Potentia	lly Hazardous Foods)
5. Receiving/Condition	☐ 16. Cook	ing Temperatures 🚣 💢	21
☐ 6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehe	ating	es some sign
7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Cooll	ng	124 - 1
PROTECTION FROM CONTAMINATION	☐ 19. Hot a	and Cold Holding	All set for
☐ 8. Separation/Segregation/Protection	20. Time	As a Public Health Control	Jimmy I. 6/21/1
9. Food Contact Surfaces Cleaning and Sanitizing		ITS FOR HIGHLY SUSCEPTIBL and Food Preparation for H	
☐ 10. Proper Adequate Handwashing		·	OF .
☐ 11. Good Hygienic Practices	CONSUMER A ☐ 22. Posti	ADVISORY ng of Consumer Advisories	
Violations Related to Good Retail Practices (Blue	Number of	f Violated Provisions Re	lated
tems) Critical (C) violations marked must be corrected		orne Illnesses Interventi	
mmediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected		Factors (Red Items 1-22)	
mmediately or within 90 days as determined by the Board		der for Correction: Base tems checked indicate vio	
of Health. [C N		deral Food Code. This rep	
23. Management and Personnel (FC-2)(590.003)		of Health member or its a	
24. Food and Food Protection (FC-3)(590.004)		Board of Health. Failure report may result in sus	
25. Equipment and UtensIIs (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006)	the food es	tablishment permit and co	essation of food
27. Physical Facility (FC-6)(590.007)		ent operations. If aggrieve t to a hearing. Your reque	
28. Polsonous or Toxic Materials (FC-7)(590,008)	and submit	ted to the Board of Health	at the above address
29. Special Requirements (590,009)		ays of receipt of this orde	./ //
30. Other	DATE OF KI	E-INSPECTION: 6/14/	7 6/2/11
Inspector's Signature: Print:	Joon C	CILIE	
PIC's Signature: Print:	- Land		Page of Pages

Name	Date 2-6-18	Type of Operation(s) Food Service	Type of Inspection Routine
Address	Risk	Retail	Re-inspection
Telephone	Level	Residential Kitchen Mobile	Previous Inspection Date:
Owner	HACCP Y/N	Temporary Caterer	Pre-operation Suspect Illness
Person In Charge (PIC)	Time	Bed & Breakfast	General Complaint
Inspector	In: , Out:	Permit No.	HACCP Other
Each violation checked requires an explanation on the violated. Violations Related to Foodborne Illness Interventions an	d Risk Factors	(Red Items) Anti-C	specific provision(s Non-compliance with:
Violations marked may pose an imminent health hazard and action as determined by the Board of Health.	require immediat		590.009 (F) en Awareness 590.009 (G)
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties EMPLOYEE HEALTH 2. Reporting of Diseases by Food Employee and PIC 3. Personnel with Infections Restricted/Excluded FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source 5. Receiving/Condition 6. Tags/Records/Accuracy of ingredient Statements 7. Conformance with Approved Procedures/HACCP Plans PROTECTION FROM CONTAMINATION 8. Separation/Segregation/Protection 9. Food Contact Surfaces Cleaning and Sanitizing 10. Proper Adequate Handwashing 11. Good Hygienic Practices	☐ 13. Hand PROTECTION ☐ 14. Appro ☐ 15. Toxic TIME/TEMPER ☐ 16. Cooki ☐ 17. Rehea ☐ 18. Coolii ☐ 19. Hot ai ☐ 20. Time / REQUIREMEN ☐ 21. Food CONSUMER A	ATURE CONTROLS (Potentialing Temperatures ating and Coid Holding As a Public Health Control TS FOR HIGHLY SUSCEPTIBLE and Food Preparation for H	s 2 -16-18 ally Hazardous Foods)
// Gold hygienic Fractices //	Number of To Foodbo and Risk F Official Ord today, the It 590.000/Fed by a Board order of the cited in this the food est establishme have a right and submitt within 10 da	Violated Provisions Reme Illnesses Intervent actors (Red Items 1-22 der for Correction: Base ems checked Indicate videral Food Code. This report Health member or its a Board of Health. Failure report may result in sustablishment permit and cent operations. If aggrievito a hearing. Your requested to the Board of Health ys of receipt of this order-inspection:	ions): ed on an Inspection plations of 105 CMR port, when signed below agent constitutes an to correct violations pension or revocation of essation of food ed by this order, you est must be in writing at the above address

Print:

David sone

Page ___of___Pages

FORM 7344 AM SHIKIN CO CHARLESTOWN HA

PIC's Signature:

	THE COMMONWEALTH OF MASSACHUS	ETTS	
TOWN OR CITY OF	com hster		

Massachusetts Department of Public Health Division of Food and Drugs FOOD ESTABLISHMENT INSPECTION REPORT Name (Type of Operation(s) Type of Inspection Routine Re-inspection Food Service Address Risk Retall Residential Kitchen Previous Inspection Level Telephone Mobile Date: Temporary Pre-operation HACCP Y/N Owner Caterer Suspect Illness Bed & Breakfast **General Complaint** Person in Charge (PIC) Time **HACCP** In: Inspector Marco L. Bangraz Permit No. Other_ Out: Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated. Non-compliance with: Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items) Anti-Choking 590,009 (F) Violations marked may pose an imminent health hazard and require immediate corrective 590,009 (F) Tobacco Allergen Awareness 590.009 (Q) action as determined by the Board of Health. FOOD PROTECTION MANAGEMENT ☐ 12. Prevention of Contamination from Hands 1. PIC Assigned / Knowledgeable / Duties ☐ 13. Handwash Facilities **EMPLOYEE HEALTH** PROTECTION FROM CHEMICALS ☐ 2. Reporting of Diseases by Food Employee and PIC ☐ 14. Approved Food or Color Additives 3. Personnel with Infections Restricted/Excluded ☐ 15. Toxic Chemicals **FOOD FROM APPROVED SOURCE** TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods) ☐ 4. Food and Water from Approved Source ☐ 16. Cooking Temperatures 5. Receiving/Condition □ 17. Reheating 6. Tags/Records/Accuracy of Ingredient Statements ☐ 18. Cooling 7. Conformance with Approved Procedures/HACCP Plans -NO 155025 19. Hot and Cold Holding PROTECTION FROM CONTAMINATION 20. Time As a Public Health Control 8. Separation/Segregation/Protection REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP) 9. Food Contact Surfaces Cleaning and Sanitizing ☐ 21. Food and Food Preparation for HSP ☐ 10. Proper Adequate Handwashing **CONSUMER ADVISORY** ☐ 11. Good Hygienic Practices ■ 22. Posting of Consumer Advisories Violations Related to Good Retail Practices (Blue Number of Violated Provisions Related Items) Critical (C) violations marked must be corrected To Foodborne Illnesses Interventions immediately or within 10 days as determined by the Board and Risk Factors (Red Items 1-22): of Health. Non-critical (N) violations must be corrected Official Order for Correction: Based on an Inspection immediately or within 90 days as determined by the Board today, the Items checked Indicate violations of 105 CMR of Health. 590.000/Federal Food Code. This report, when signed below by a Board of Haalth member or its agent constitutes an 23. Management and Personnel (FC-2)(590.003) order of the Board of Health. Fallure to correct violations 24. Food and Food Protection (FC-3)(590.004) cited in this report may result in suspension or revocation of 25. Equipment and Utensils (FC-4)(590.005) the food establishment permit and cessation of food 26. Water, Plumbing and Waste (FC-5)(590,008) establishment operations. If aggrieved by this order, you 27. Physical Facility (FC-6)(590,007) have a right to a hearing. Your request must be in writing 28. Poisonous or Toxic Materials (FC-7)(590.006) and submitted to the Board of Health at the above address 29. Special Regulrements

Inspector's Signature: Moulo I Bown	Print: Marcol Bangon	1 1
PIC's Signature:	Print: Joan Prince	PageofPages

within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

(590.009)

30. Other

Establishment: SKVVICW School	Date: 3 20 · 19 Page 1 of 3
Address: Deccico Dr.	Time in: /0.20) Time out: // 1/5
Telephone; Permit No.:	Number of Violated Provisions Related
Owner:	to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: Jam Prince	Number of Repeat Violations Related
Inspector: Macco Z Bonning	to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
FOODBORNE ILLNESS RISK FACTORS	
IN = in compliance OUT= out of compliance N/O = not observed N/A = not	applicable COS = corrected on-site during inspection R = repeat violation
Compliance Status	Carralliana Chatas
Compliance Status IN OUT N/A N/O COS R Supervision	Compliance Status IN OUT NA NO COS R Protection from Contamination
Person-in-charge present, demonstrates	15 Food separated and protected
knowledge, and performs duties	Food-contact surfaces; cleaned &
2 Certified Food Protection Manager	sanitized
Employee Health	Proper disposition of returned,
Management, food employee and	17 previously served, reconditioned &
3 conditional employee; knowledge,	unsafe food
responsibilities and reporting	Time/Temperature Control for Safety
4 Proper use of restriction and exclusion	18 Proper cooking time & temperatures
5 Procedures for responding to vomiting and diarrheal events	Proper reheating procedures for hot holding
Good Hygienic Practices	20 Proper cooling time and temperature
6 Proper eating, tasting, drinking, or	21 Proper hot holding temperature
topacco use	22 Proper cold holding temperature
7 No discharge from eyes, nose, and mouth	23 Proper date marking and disposition
	24 Time as a Public Health Control
Preventing Contamination by Hands	Consumer Advisory
8 Hands clean & properly washed 9 No bare hand contact with ready-to-eat	Consumer advisory provided for raw / undercooked food
Adamysta handwashing sinks preparty	Highly Susceptible Populations
Adequate handwashing sinks properly supplied and accessible	Pasteurized foods used; prohibited foods not offered
Approved Source	Food/Color Additives and Toxic Substances
11 Food obtained from approved source 12 Food received at proper temperature	27 Food additives: approved & properly
Conduction of its annual condition of the	used used
unadulterated	Toxic substances properly identified, stored & used
Required records available: shellstock tags, parasite destruction	Conformance with Approved Procedures
lags, parasite destruction	Compliance with variance / specialized process / HACCP Plan
Official Order for Correction: Based on an inspection today, the item applicable sections of the 2013 FDA Food Code. This report, when si an order of the Board of Health. Failure to correct violations cited in the establishment permit and cessation of food establishment operations, renewal pursuant to 105 CMR 590.000 you may request a hearing be	ms marked "OUT" indicated violations of 105 CMR 590.000 and igned below by a Board of Health member or its agent constitutes his report may result in suspension or revocation of the food. If you are subject to a notice of suspension, revocation, or non-
Date of Reinspection: Discussion with Person-in-Charge:	
Signature of Person-In-Charge:	Date: 2 - 20 . / 9
Signature of Inspector: Naver 7 Bonnin	Date: 3-20-19
Form 734A-1 A.M. Sulkin Co., Charlestown, MA	

Food Establishment Inspection Report - City/Town of Leominster

				-		
Establishment:	SKYVICW			Date:	3-20-19	Page 2 of 3
	GOOD RET	AIL PRACTICES	AND MASSACHU	USETTS-ON	ILY SECTIONS	
IN = in compliance	OUT= out of compliance	N/O = not observed	N/A = not applicable	COS = correc	ted on-site during inspection	R = repeat violation
					_	

		_	1		_	,	
	Compliance Status	IN	OUT	ΝA	N/O	cos	R
	Safe Food and Water				Lamina in		
30	Pasteurized eggs used where required						
31	Water & ice from approved source				-		
32	Variance obtained for specialized processing methods						
	Food Temperature Contr	ol					
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate	なる			· · · · · · · · · · · · · · · · · · ·		
	Food Identification						D.
37	Food properly labeled; original container				3		
	Prevention of Food Contamin	atio	n				
38	Insects, rodents, & animals not present			ST.			
39	Contamination prevented during food preparation, storage and display	The state of		6.			
40	Personal cleanliness	6.1			1		
41	Wiping cloths: properly used & stored	TE A			1		
42	Washing fruits & vegetables	1			. ()		
	Proper Use of Utensils	-					
43	In-use utensils properly stored	3					
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used	i. 1		30	0)		
46	Gloves used properly	الرية					
	Utensils, Equipment and Ven	ding					
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used				3		

appii	cable COS - corrected on-site during inspecti	On	Ν-	repe	at v	iolatii	on
	Compliance Status	IN	OUT	NIA	N/O	cos	R
<u></u>	Marewashing facilities: installed		-		11.11	000	
48	maintained, & used; test strips				1,3		
49	Non-food contact surfaces clean	A.		You.	1		
	Physical Facilities						
50	Hot & cold water available; adequate pressure			73	Track.		
51	Plumbing installed: proper backflow						
52	Courage & wester water property						
53	Toilet features: properly constructed, supplied, & cleaned			-			
54	Garbage & refuse properly disposed, facilities maintained	100		1	1		
55	Physical facilities installed, maintained, & clean	D. A.		1			
56	Adequate ventilation & lighting; designated areas used			The Can	3		
	Additional Requirements listed in 105	CM	R 59	0.0	11		
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
	Review of Retail Operations listed in 10	5 C	MR :	590.	010		
МЗ	Caterer					T	
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and- Breakfast Operation						
М8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
	Local Requirements						
	Local law or regulation						
L2	Other						

Type of Operation(s):	Type of Inspection:	Other Information:
good Service Establishment	Rouline	
☐ Retail Food Store		FI III CS IS
☐ Residential: Cottage Foods	☐ Pre-operational	51: HW Sink
☐ Residential; Bed &	☐ Illness investigation	
Breakfast	☐ General complaint	
☐ Mobile/Pushcart	☐ HACCP	
☐ Temporary Food Estab.	☐ Other	
Sther		

Signature of Person-in-Charge	Date: 7- 70 //
ton aver	3-10.19
Signature of Inspector: Works L. Bounty	Date: 3.20.19
Form 734A-2 A.M. Sulkin Co., Charlestown, MA	

		Observations and/or Corrective Actions	
Item		in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food	
Number	Section of Code	Description of Violation	Date to Correct By
51		Leak @ Sigot of hand wash Sink @	
		food fren Sink	
		Clean inside Of hose spool & food	
		Pren Sink	
	/		
		Clean tops of oven units, dust	
		accumulation.	

Signature of Person-in-Charge:	Date: 2-20./0
Then what	7 ~ ()
Signature of inspector:	Date: 101.10
- May I - South	5 20.11
Form 734B A.M. Sulkin Co., Charlestown, MA	